DOCUMENT RESUME

ED 034 228

CG 004 493

AUTHOR	Berry, Stephen D.; Wegener, Donald L. K.
TITLE	Diagnostic Learning Center, Final Project Report. 1966-1969.
INSTITUTION	Arlington Heights Public School District Number 25, Ill.
SPONS AGENCY	Office of Education (DHEW), Washington, D.C.
PUB DATE	30 Jun 69
NOTE	287p.
EDRS PRICE	EDRS Price MF-$1.25 HC-$14.45
DESCRIPTORS	*Educational Diagnosis, *Inservice Teacher Education, *Learning Disabilities, *Parent Counseling, Parent Participation, *Psychological Services, Psychotherapy, Remedial Instruction

ABSTRACT

The Diagnostic Learning Center (DLC) serves 85,000 children in Cook County, Illinois. Objectives of the program include: (1) to provide diagnostic services for children having severe learning problems in grades one through 12 and related services for the parents of these children, (2) to provide psychological and medical testing for these children, (3) to provide psychoeducational therapy and remediation, (4) to discover the effectiveness of concentrated study on childrens' learning behavior, (5 to develop a model service center to be used as an example for specialized instructional services, (6) to provide inservice training for teachers of these children, and (7) to provide therapy and counseling for parents of DLC's clients. A total of three teams, diagnostic, treatment, and inservice, were utilized. Evaluation or the program indicates that: the results of the program showed; (1) a positive result is a team effort between the teacher, the parent, and the specialist, (2) one cannot expect the same progress to be made in all instances, (3) special programs of this type need help, direction and concentrated assistance, and (4) educators in general, need help in analyzing its needs, setting its goals, and realizing when it has attained these goals. The research reported herein was funded under Title III of the Elementary and Secondary Education Act. (Author/KJ)

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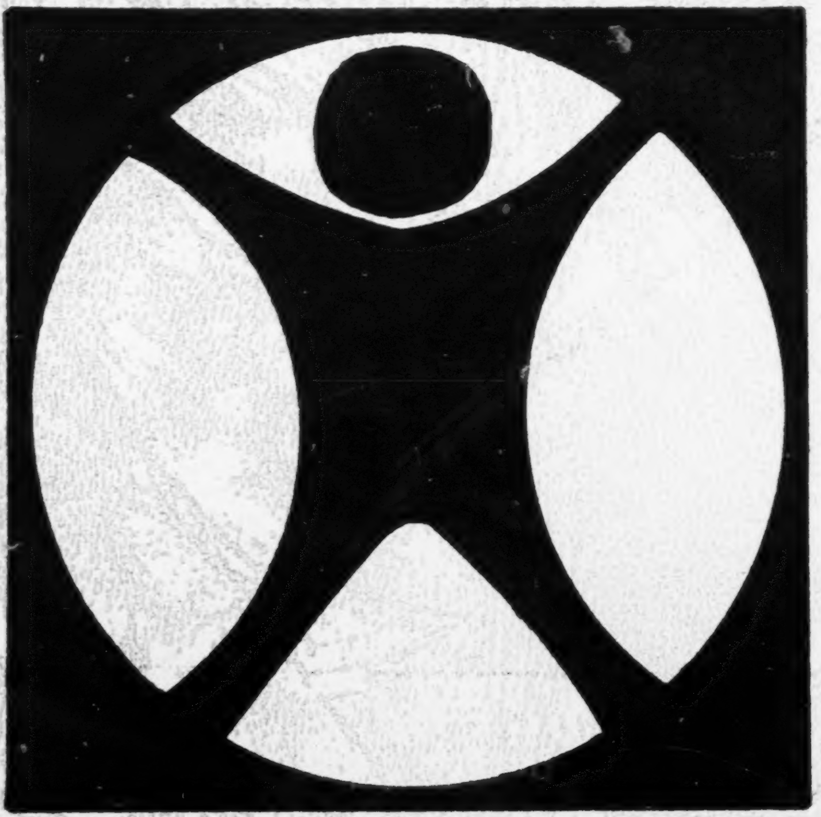
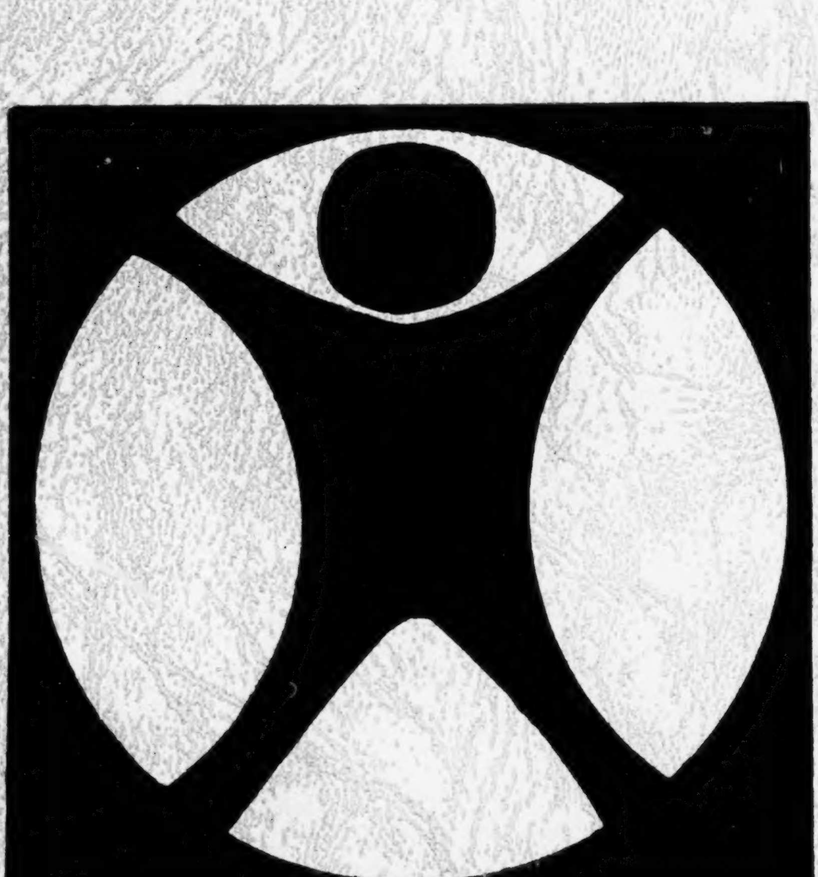


DIAGNOSTIC LEARNING CENTER FINAL PROJECT REPORT

Title III, ESEA
P.L. 89—10



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FINAL PROJECT REPORT

Title III, E.S.E.A. 1966 - 1969

DIAGNOSTIC LEARNING CENTER
Project No. O.E. 6-1545-2

Submitted by Applicant District

Arlington Heights Public School District No. 25

Arlington Heights, Illinois

D. V. Strong, Ph. D., Superintendent

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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Arlington Heights Public Schools

DISTRICT NO. 25
ARLINGTON HEIGHTS, ILLINOIS 60005

ADMINISTRATION BUILDING
301 W. SOUTH STREET
CLearbrook 3-6100

June 30, 1969

Mr. Lyndon B. Wharton
Title III, E.S.E.A.
325 South Fifth Street
Springfield, Illinois 62706

Dear Mr. Wharton:

Please consider this report the final narrative document to be submitted by the Diagnostic Learning Center (Project No. O.E. 6-1545-2, Illinois Grant No. 105-3-69). The project is terminating its third year of operation effective June 30, 1969.

It has been our educational gain to have been the administrative district for this program and I acknowledge the contents of this report as accurately representing the contribution the program has made to our educational system.

Yours truly,

Donald V. Strong

Donald V. Strong
Superintendent

DVS:ek

DIAGNOSTIC
LEARNING
CENTER

112 North Belmont Avenue
Arlington Heights, Illinois 60004

AC 312-394-0280

June 30, 1969

Mr. Lyndon Wharton, Director
Title III, E.S.E.A.
325 South Fifth Street
Springfield, Illinois 62706

Dear Mr. Wharton:

This comprehensive and final report on the progress of the Diagnostic Learning Center (Project No. OE6-1545-2, Illinois Grant No. 105-3-69) is submitted as part of the requirements for the termination of a project under Title III of the Elementary and Secondary Education Act (P.L. 89-10).

I wish to acknowledge the guidance and assistance received from your office during the past 3 years. It has been my pleasure to have been associated with you in this regard.

Yours truly,

Stephen D. Berry

Stephen D. Berry
Project Director

SB:ek

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STATISTICAL REPORT AND GENERAL INTRODUCTION

Stephen D. Berry
Project Director

Donald L.K. Wegener
Associate Director

Secretaries

Phyllis Timm
Frieda Krueger
Marion Skeet

STATE OF ILLINOIS
OFFICE OF THE SUPERINTENDENT OF PUBLIC INSTRUCTION
RAY PAGE, SUPERINTENDENT
ESEA TITLE III STATISTICAL DATA
Elementary and Secondary Education Act of 1965 (P.L. 89-10)

This Space For
O.S.P.I. Use Only

SECTION I - PROJECT INFORMATION

A. REASON FOR SUBMISSION OF THIS FORM (Check one)

1. ___ Initial application for Title III Grant
2. ___ Resubmission
3. ___ Application for Continuation Grant
4. XX End of budget period report

B. ILLINOIS GRANT NUMBER

105-3-69

In all cases except initial application, give assigned Illinois Grant number

C. MAJOR DESCRIPTION OF PROJECT: (Check one)

1. XX Innovative
2. ___ Exemplary
3. ___ Adaptive

D. TYPE (s) OF ACTIVITY (Check one or more)

1. ___ Planning of Program
2. ___ Planning of Construction
3. ___ Conducting Pilot Activities
4. XX Operation of Program
5. ___ Construction
6. ___ Remodeling

E. PROJECT TITLE (5 Words or Less)

Diagnostic Learning Center

F. BRIEFLY SUMMARIZE THE PURPOSE OF THE PROPOSED PROJECT.

A program to provide therapy and academic tutoring for children who show evidence of emotional problems and are two years under-achievers for their ability level. The program is conducted through diagnostic testing, prescriptive staffings, teacher in-service training, parent education, and individual and group therapy for children.

G. NAME OF COUNTY Cook	**H. CONGRESSIONAL DISTRICT** 13th
I. NAME OF APPLICANT (Administrative District) Arlington Heights Public School District 25	**J. ADDRESS (Number, Street, City)** 301 W. South St., Arlington Heights Zip Code 60005 · Area Code 312 · Phone Number CL 3-6100
K. NAME OF PROJECT DIRECTOR Stephen D. Berry	**L. ADDRESS (Number, Street, City)** 112 N. Belmont; Arlington Heights Zip Code 60004 · Area Code 312 · Phone Number 394-0280
M. NAME OF SUPERINTENDENT (Administrative Dist.) Donald V. Strong	**N. ADDRESS (Number, Street, City)** 301 W. South St.; Arlington Heights. Zip Code 60005 · Area Code 312 · Phone Number CL 3-6100
SIGNATURE OF SUPERINTENDENT (Administrative District) Donald V. Strong	**DATE SUBMITTED** June 30, 1969

OSPI 45-03-104

Section I - Continued

O. Complete if the Proposal is Considered to be a Handicapped and/or Demonstration Program

1. ____ Program for Handicapped ______ Percentage of Expenditures for Handicapped

2. ____ Demonstration Program ______ Percentage of Expenditures for Demonstration

3. ____ Both

4. XX Not Applicable

P. List the Number of Each Congressional District Served 1

Q. 1. 1 Total Number of Counties Served

2. 10 Total Number of School Districts Served

3. 225,000 Total Estimated Population in Geographic Area Served

R. 1. $750 Average Per Pupil (ADA) Expenditure (first preceeding year)
2. $700 Average Per Pupil (ADA) Expenditure (second preceeding year)

S. Distribution of money by areas served

1. ____ Inner City

2. ____ Geographically Isolated Areas

3. ____ Program for Minority Group

4. ____ Pre-Kindergarten Program

5. ____ Program for Handicapped

6. 100% Other Suburban

T. Of the Total Number of Persons Served Give the Percentage of Children which come from Families with Annual Incomes of:
1. ____ % $2000 or less 2. 1 % $2001-$3000 3. 99 % over $3000

SECTION II - BUDGET SUMMARY FOR PROJECT (Include amount from item G 3 below)

	PREVIOUS ILLINOIS GRANT NUMBER	BEGINNING DATE (Month, Year)	ENDING DATE (Month, Year)	FUNDS REQUESTED
A. Initial Application or Resubmission	▨			
B. Application for First Continuation Grant				
C. Application for Second Continuation Grant				
D. Total Title III Funds	▨	▨	▨	
E. End of Budget Period Report				▨

Complete only if this project includes construction, acquisition, remodeling, or leasing of facilities for which Title III funds are requested. Leave blank if not appropriate.

F. Type of Function (Check applicable lines)

1. ____ REMODELING OF FACILITIES

2. ____ CONSTRUCTION OF FACILITIES

3. ____ LEASING OF FACILITIES

4. ____ ACQUISITION OF REBUILT-IN EQUIPMENT

5. ____ ACQUISITION FACILITIES

G.

1. ____ TOTAL SQUARE FEET IN THE PROPOSED FACILITY

2. ____ TOTAL SQUARE FEET IN THE FACILITY TO BE USED FOR TITLE III PROGRAMS

3. ____ AMOUNT OF TITLE FUNDS REQUESTED FOR FACILITY

SECTION III-ENROLLMENT, PROJECT PARTICIPATION DATA AND STAFF MEMBERS ENGAGED

A.

		GRADES							ADULT exclude teachers	OUT OF SCHOOL YOUTH	TOTALS	STAFF MEMBERS ENGAGED IN IN-SERVICE TRAINING PROJECTS
		PRE-K	K	1	2	3	4-6	7-12				
1. School Enrollment in Geographic Area Served	(a) Public	--	7654	7104	6755	6576	18,397	29,093	--	--	75,579	Unknown
	(b) Non-Public	--	138	1204	1392	1700	5138	3184	--	--	12,756	Unknown
2. Persons Participating in Project	(a) Public	--	5792	5234	5037	5045	14,268	21,659	--	--	57,035	Unknown
	(b) Non-Public	--	138	1204	1392	1700	5138	3184	--	--	12,756	Unknown
	(c) Not Enrolled	--	--	--	--	--	--	--	--	--	--	--

B. TOTAL NUMBER OF PARTICIPANTS BY RACE (Applicable to figures given in item above)

WHITE	NEGRO	AMERICAN INDIAN	PUERTO RICAN	ORIENTAL	MEXICAN AMERICAN	OTHER (Specify)	TOTAL
98%	Less than 1%				Less than 1%		100%

C. RURAL/URBAN DISTRIBUTION OF PARTICIPANTS SERVED OR TO BE SERVED BY PROJECT

PARTICIPANTS	RURAL		METROPOLITAN AREA		
	FARM	NON-FARM	CENTRAL-CITY LOW SOCIO-ECONOMIC AREA	SUBURBAN	OTHER
PERCENT OF TOTAL NUMBER SERVED				100%	

SECTION IV-PERSONNEL FOR ADMINISTRATION AND IMPLEMENTATION OF PROJECT

A. PERSONNEL PAID BY TITLE III FUNDS

TYPE OF PAID PERSONNEL	REGULAR STAFF ASSIGNED TO PROJECT			NEW STAFF HIRED FOR PROJECT		
	FULL-TIME	PART-TIME	FULL TIME EQUIVALENT	FULL-TIME	PART-TIME	FULL-TIME EQUIVALENT
1. ADMINISTRATION SUPERVISION	1	.5				
2. TEACHER:						
(a) Pre-Kindergarten						
(b) Kindergarten						
(c) Grades 1-6	3					
(d) Grades 7-12	1					
(e) Other						
3. SUBJECT-MATTER SPECIALISTS (Artists, Scientists, Musicians)						
4. TECHNICIANS (Audiovisual, Computer Specialists)						
5. PUPIL PERSONNEL WORKERS (Counselors, Psychologists, Social Workers)	4					
6. MEDICAL AND PSYCHIATRIC PERSONNEL						
7. RESEARCHERS, EVALUATORS						
8. PLANNERS AND DEVELOPERS						
9. DISSEMINATORS (Writers, Public Relations Personnel, Editors)						
10. OTHER PROFESSIONAL	3	.4				
11. PARA-PROFESSIONAL (Teacher Aids)						
12. OTHER NON-PROFESSIONAL (Clerical, Bus Drivers)	3					

B. CONSULTANTS TO BE PAID BY TITLE III FUNDS

1. Total Number Retained	7
2. Total Calendar Days Retained	97

SECTION V - SERVICES OFFERED, PERSONS DIRECTLY SERVED, AND ESTIMATED COST OF SERVICES - ALL PROJECTS ACTIVE DURING FISCAL YEAR - TOTAL NUMBER OF PARTICIPANTS (Persons May Be Counted More Than Once)

1. MAJOR PROGRAMS OR SERVICES	NUMBER OF PUPILS BY GRADE LEVEL				ADULT	OUT OF SCHOOL YOUTH	NUMBER OF NON-PUBLIC PUPILS	ESTIMATED COST (Amount may overlap)
	PRE-K	K	1-6	7-12				
1. Develop, Plan, Evaluate, or Disseminate Activities								
2. Better Utilization of In-Service Education of Instructional Personnel								
3. Program for Institutional Improvement (Organization, Administration)								
4. Education Centers Serving a Large Area								
5. Improve or Expand Curriculum								
Arts (Music, Theater, etc.)								
Language Arts								
Foreign Languages								
Mathematics								
Science								
Social Studies/Humanities								
Vocational/Industrial Arts								
Other-Specify								
6. Educational Technology Media								
Computers								
TV/Radio								
Other-Specify								
7. Improve Classroom Instruction								
Flexible Schedule, Individual Instruction								
Other-Specify								
8. Remedial and Special Education								
Handicapped								
Gifted								
Remedial Reading								
Speech and Hearing								
Other-Specify	---	---	97	29	28	--	35	180,545
9. Pupil Personal Services								
Guidance								
Social Work								
Health								
Psychological								
Attendance								
10. Community Service or Participation								
11. Meeting Critical Educational Needs								
Central City								
Geographically Isolated								
Minority Groups								
Early Childhood								
12. Summer Programs								

INTRODUCTION

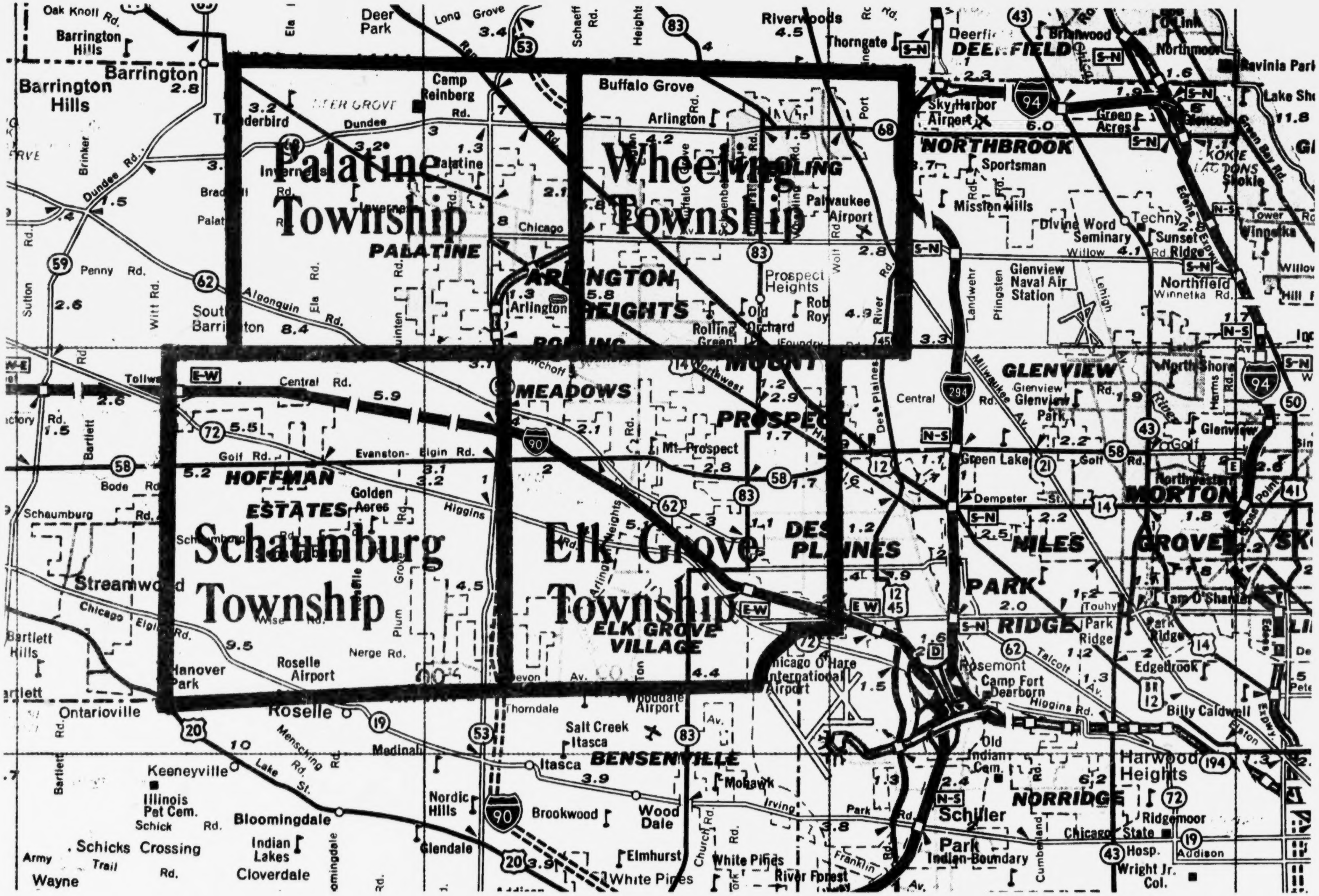
Stephen D. Berry
Project Director

This report culminates three years of activity on behalf of the Diagnostic Learning Center (July 1966 - June 1969) and contains information derived from a number of sources. They can more accurately depict the overall effect of the program as a supplementary service to the area served. Not all of the information is evaluative in nature since each section contains some data which is either descriptive or historical. The end result, however, is evaluative and the conclusions drawn may be based on the subjective opinion of the author or empirical data collected through survey.

This approach has been taken in the final reporting for a project of this scope because there are many facets to such a program. The final result is important to one planning a similar program, but the result does not always have a direct linear relationship to those activities designed to bring it about. Therefore, it behooves the reader and/or planner to be aware of the more significant factors which might have affected the outcome of a particular function of the program.

General Comments. The project has been serving the school districts of Wheeling, Elk Grove, Palatine and Schaumburg Townships in the Northwest quadrant of Cook County, Illinois. The immediate clientele of the Diagnostic Learning Center are any one of the more than 85,000 children in the area which manifest the characteristics as described later in this report.

The area served by this proposal has been in the forefront in providing diagnostic and remedial services for children qualifying under special education


Palatine Township
Wheeling Township
Schaumburg Township
Elk Grove Township
PALATINE
ARLINGTON HEIGHTS
ROLLING MEADOWS
MOUNT PROSPECT
DES PLAINES
HOFFMAN ESTATES
ELK GROVE VILLAGE
BENSENVILLE
NORTHBROOK
GLENVIEW
NILES
PARK RIDGE
MORTON GROVE
NORRIDGE
DEERFIELD
Barrington
Barrington Hills
South Barrington
Deer Park
Buffalo Grove
Arlington
Inverness
Prospect Heights
Palwaukee Airport
Streamwood
Roselle
Roselle Airport
Hanover Park
Golden Acres
Chicago O'Hare International Airport
Rosemont
Schiller Park
Harwood Heights
Bloomingdale
Itasca
Wood Dale
Keeneyville
Ontarioville
Glenview Naval Air Station
Skokie
Riverwoods
Wayne

categories. However, prior to this Center no systematic plan had been developed or implemented to provide diagnosis and remediation for children with "hard core" learning problems who did not qualify for acceptance into classes for "special education."

Objectives of the Program. As stated in the original proposal the major objectives were:

1. To provide comprehensive diagnostic services for children having severe learning problems in grades 1-12 and related services for the parents of these children.
2. To provide psychological and medical testing service for children having severe learning problems.
3. To provide psychoeducational therapy and remediation for children having severe learning problems.
4. To discover the effectiveness of concentrated study on children's learning behavior.
5. To develop a model service center in cooperation with our other well-developed special education programs, which can be used by other areas as an example for specialized instructional services.

More recently (1968-69) the following have been added to the above:

6. To develop a system of in-service education which will provide classroom teachers with the skills necessary to provide for children with severe learning problems.
7. To provide directed therapy and counseling for parents of the DLC's clients.

Program Services. Initially, two services were initiated: (1) in-depth diagnosis; and (2) program development based upon that diagnosis. Program development consisted of translation of diagnosis into prescription and implementation of that prescription by the classroom teacher. The professional link between prescription and implementation was the Center's learning specialist. (Descriptions of this and other positions in the Center can be found in the section on PSYCHOTHERAPY and the EVALUATION.)

On the basis of the experience of the Center during the first two years, it was proposed that the approach of the Center would be modified to the degree that greater emphasis would be placed on the approach to the child and to the parent. This modification would be brought about through the employment of treatment specialists who would be responsible for initiating, under direction of the treatment team, a therapy oriented program for children, parents, and teachers.

Emphasis for children would lie in individual and group play therapy, psychodrama, etc; emphasis for parents would lie in individual and group counseling; emphasis for teachers would lie in providing the teacher with data which would guide her in her approach to the child and to the parents.

Further effort has been directed toward the analyzation of this approach by school districts for children who have severe learning problems, e.g.:

a. emotionally disturbed
b. socially maladjusted
c. others of less severity

Further emphasis has been made in the area of in-service education by the employment of two full time in-service specialists to carry out in depth the program initiated this year.

Several organizational teams exist within the Center and these are significant to the operation of the program.

DIAGNOSTIC TEAM. As presently constituted, the diagnostic team is made up of:

a psychologist
a guidance counselor
an academic diagnostician
a learning specialist

These individuals meet to evaluate information gained during the diagnosis, to develop a prescription for overcoming the learning difficulty, and to predict the success of their efforts. Feedback to this team is made on a regularly scheduled basis by the learning specialists.

In addition, the following action has been taken to facilitate a smoother and more effective operation:

a. intake of new cases has been reduced to accommodate the increased services of the treatment team.

b. efforts have been directed to provide a scheme which will enhance communication between the in-service, treatment, and diagnostic teams.

c. it has been the responsibility of the full time psychologist to interpret data from the diagnostic team to the treatment team so that treatment can be afforded the child, parent, et al.

TREATMENT TEAM. The proposal called for the creation of a team of experts to work with all the facets of the child learning problem. The team is composed of:

a psychologist
a treatment specialist
a learning specialist
para-professionals

The team may include all or only two of the above. (Based on need.) Its tasks are:

1. to determine an appropriate course of action for each child.

2. to determine the use of resources of the Center (both professional and physical)

3. to set goals for each child - both short range and long range.

IN-SERVICE TEAM. The proposal was designed to increase the amount of service provided for in-service education. The increase was accomplished by the creation of a team of two full time in-service specialists who provided seminars satisfying the objectives of the proposal.

In addition to those objectives presently being met, we would add these:

1. to conduct seminars for both administrative and parent groups
2. to assist the Director of the Diagnostic Learning Center in developing in-service programs for the Center's staff
3. to develop model programs which could be adopted by others
4. to develop instruments to measure the effectiveness of the seminars.

Geographic Area Served. As stated earlier in this INTRODUCTION the geographic area served consists of Wheeling, Elk Grove, Schaumburg and Palatine Townships of Cook County, Illinois. This area is sometimes described as one of the three most rapidly growing population areas in the United States. The cooperative includes two high school districts (211 and 214), seven elementary school districts (15, 21, 23, 25, 54, 57 and 59), a Lutheran parochial school system through grade 8, and a Catholic parochial system, elementary through high school. The total school population, K through 12 in 1966 was 65,899 and has increased dramatically to over 85,000 in 1969. This is one of the most rapidly growing areas of the country and it brings special problems to a program of this type. Any new program which is not in continual communication with the teaching staff could become virtually unknown within a two year period. Between the normal turnover of staff and the increase in staff due to the increased enrollment, approximately 30% of the teachers in any given year could be new.

Within the geographic area served, several community agencies have cooperated with the Diagnostic Learning Center. These agencies have not changed significantly during the three year tenure of the program under Title III.

Community Agencies Which Have Cooperated.

1. Township High School District 214, Mt. Prospect,
   Dr. E. H. Gilbert, Superintendent

2. Palatine Elementary School District 15,
   Mr. E. S. Castor, Superintendent

3. Wheeling Elementary School District 21,
   Mr. K. F. Gill, Superintendent

4. Prospect Heights Elementary School District 23,
   Mr. E. Grodsky, Superintendent

5. Arlington Heights Elementary School District 25,
   Dr. D. V. Strong, Superintendent (LEA)

6. Schaumburg Elementary School District 54,
   Mr. Wayne Schaible, Superintendent

7. Mt. Prospect Elementary School District 57,
   Dr. E. Sahlberg, Superintendent

8. Elk Grove Consolidated School District 59,
   Dr. D. Thomas, Superintendent

9. Catholic Elementary School District,
   Sister Michaelena, Principal

10. Sacred Heart of Mary High School
    Sister Columba, Principal

11. St. Viator High School,
    Rev. Norbert Bibeault, Principal

12. Lutheran Elementary School District,
    Mr. Lester Rush, Principal

13. Instructional Resources Center (Title III, E.S.E.A.),
    Stephen D. Berry, Project Director

14. Training and Development Center (Title III, E.S.E.A.),
    Mrs. Gloria Kinney, Project Director

15. Community Services School Program (Title III, E.S.E.A.),
    Mr. David Lechner, Project Director

16. Title III Office of Public Instruction,
    Mr. Lyndon Wharton, Title III Director

Physical Facilities. The project has been housed in two different locations since its "creation" under Title III, E.S.E.A. The first location was Elk Grove High School in Elk Grove Village. The space allocated there was basically three remodeled classrooms with a total of approximately 2400 square feet of floor space. The second location, and the present home, is a remodeled library providing approximately 2500 square feet of space.

Both locations have been very inadequate in a number of ways, but the most serious drawback has been the lack of space for virtually any type of group activity. There is little flexibility in the physical plant and group activities must be completely improvised. This may be an admirable trait to those who are more economically minded but to those who have felt any urgency about meeting the goals of the program can testify that improvisation exacts a price from the program. That price is usually either a curtailed effort or an adaptation of the program goals to the physical plant. The first is certainly the least desirable but the latter can lead to almost as little success. Neither is even partially adequate when one considers the relative cost of such a program over a three year period.

If the program is considered worth the effort and the high cost per child is justified, then a very careful analysis should be made on the space needs. As paraphrased from some of the specialists' reports, the program is intended to help children with special problems and special facilities are needed.

Program Evolution. Other sections of this report make reference to the many changes and adaptations which have occurred since the inception of the Diagnostic Learning Center in 1966. Most of those references relate to specific services of the program. The comments made here are directed more to the general events in the evolution of the program.

> July 1966 - June 1967. A considerable amount of time was consumed during this period in acquiring staff and equipment, and converting classrooms to office space. In addition, it was necessary to work out procedural guidelines and communicate this information to the

local schools. Finally, potential cases were identified, tested, staffed, and initial treatment started.

Generally, the area was disappointed in the first year result due to the extremely small number of cases that were actually served during that time. Also, evidence of positive effect was almost non-existent.

July 1967 - June 1968. It was necessary to seek replacements for approximately 70% of the staff to begin this period. Once replaced, a more intensive effort was made toward the original goals of the program. By the end of this period it became obvious that if any progress was going to be made with the children in the program, concentrated effort would have to be made in the area of treatment by trained individuals. A proposal was developed which would permit such a program. This proposal was subsequently approved for the third year of operation.

July 1968 - June 1969. A more intensive treatment program was launched. That program is more specifically described in other sections of this report and the general results are shown in the EVALUATION and the specific CASE SUMMARIES. Several other things happened to the program during this third and final year of operation. Most of the things that happened had a negative effect on the program operationally and each took its toll. The most significant of those items are listed below:

1) The program was moved at a very disruptive time, but even more important was the fact that the facility into which the program moved was not completed until two months later.

2) The program was administratively combined with another Title III project placing considerable strain on the staff which was realigned.

3) Federal funding was ending but decisions regarding the program's future were not forthcoming until the waning days of the school year.

4) Most efforts at communication were directed toward survival (i.e., proposals for continuation, meetings for same, etc.). Not enough effort was directed at communicating the purpose of the program and its accomplishments. The in-service training program became non-existent.

Thus one can see that a considerable number of events can occur in a very short period of three years. Some of these are controllable, others are not. Some events are perceived by the program staff to be within the power of leaders in the community to change; the change does not always occur rapidly enough for many reasons, not the least of which is the fact that the leaders do not perceive the event with the same sense of urgency and have innumerable other priorities.

This writer would hesitate to place the above items in any rank order because changing any one of them could have minimized the effect of the others. The general result of the program has been positive and local support has been obtained. The program can now proceed with a greater confidence that the methodology employed should offer considerable help for emotionally and socially maladjusted children.

ACADEMIC DIAGNOSIS

Diagnostic Learning Center

John R. Peters

ACADEMIC DIAGNOSIS

John R. Peters
Diagnostician

INTRODUCTION

During the past three years, the Academic Diagnostician has been implementing a testing program designed to pin point and alleviate severe learning problems of a pre-selected group of first through twelfth grade children. The requirements were based on the subjective evaluation of the child's classroom, or homeroom teacher, and/or group tests indicating the child to be two years behind in reading and manifesting major psychological problems.

Basically the service was to indicate an (1) in-depth diagnosis and (2) recommendations to help correct the reading deficiency. A tailor-made program for the child was developed and translated into prescription and implementation to be used by the classroom teacher. In order that the prescription and implementation could be tested, accurate and up-to-date data was gathered from various sources, viz.; objective academic tests, the child's reaction to the tests, informal surveys, and physical tests covering the eyes and ears.

In all cases the testing was done on an individual basis to relieve the student's test anxiety condition. The initial objective of the diagnostician was to establish rapport with the client to obtain as accurate a score as possible. From the process of rapport establishment, only bizarre behavior was noted and included in the report for possible interpretation at a staffing.

Standardized group achievement testing was assiduously avoided as much as possible to insure test result accuracy on an individual basis. Frequent "breaks" between tests were allowed when the Diagnostician noted stress of any type which would inhibit the client's performance. If there was an extreme differentiation between classroom test results and subjective evaluation and the Diagnostician's test results, the client would be retested to corroborate either one.

GOALS

The goals of the Diagnostician were fourfold to:

(1) Administer various, suitable tests to the client, interpret the test results, and make recommendations to correct the learning disabilities.

(2) To hold frequent (preferably on a weekly basis) consultations with the learning and treatment specialists in order to evaluate the students progress or lack of it, discuss what alternatives should be used, what other materials could be used, whether the client should be in a group activity or put on a one-to-one basis with the available personnel.

(3) Make tests results known at the staffings which could shed light on the development of the remediation program for the client. The staffings would serve the purpose of adding to or detracting from such a remediation program.

(4) To assume the role of the Learning Specialist for some clients in order to test the validity of the recommendations made as the Diagnostician. In effect, his theories would be evaluated constantly for purposes of gleaning, sorting, accepting, or rejecting on an opinionated basis.

AN HISTORICAL ACCOUNT

At the inception of the DLC program and for two years, 1966 and 1967, the criteria for admittance required:

*(1) A child had to be at least two years below anticipated grade level based upon a standardized test of achievement and/or teachers judgment. Anticipated grade level had to be computed from the most recently administered standardized test of intelligence. Teacher's judgment had to be

supported by corroborating evidence, e.g., example of the child's work, place in reading, etc.

(2) The child had to show evidence that (a) his characteristics reflect considerable personal conflict with himself and his environment; (b) his academic and social aspirations were increasingly unrealistic; (c) he had been poorly motivated by home and/or school; and/or (d) overall school achievement was lacking.

(3) The child had to display evidence that he did not qualify for a physically or mentally handicapped program.

*Children in grade 2 and below would be eligible even though they did not meet this criterion. The district coordinator or parochial school principal was to discuss the referral with the DLC director prior to submission.

In 1968 the DLC staff felt that the goals set for the treated children were not being met, consequently, a new proposal was resubmitted with emphasis on the approach to the child and to the parent. The academic diagnostic testing program, however, was to remain the same except that efforts would be made to use a more experienced base approach to diagnosis, e.g.; use of a wide number of instruments as well as materials to partially test diagnosis prior to prescription. Specifically, group standardized tests were to be avoided wherever possible.

STAFF PERSONNEL

The Academic Diagnostician was Mr. Jack Peters. He was responsible for the choice of formal and informal tests to be used. He ordered and cataloged all materials. During the "in-take" staffing he and the diagnostic team determined what tests were to be administered to the student, and whether it should be a partial or full testing session. Test data in the referral packet played a major role in the decision of the type and quantity of test(s) to be used. After he completed the administration of the tests, he scored them and wrote the diagnostician's report which included the name and form of the test, an interpretation of the score, and recommendations for an academic program to be executed by the learning specialists. All of the pertinent test scores were then typed up in duplicate copies and disseminated to the master file, the learning specialist assigned to the student, the psychologist, the treatment specialist, the guidance counselor, and the academic diagnostician's file.

Two months before the end of the year, he post-tested a random sampling of those students pre-determined by the program evaluator and associate director of the DLC. The results of the tests were then given to the evaluator.

PERTINENT COMPONENTS OF THE PROGRAM

Academic Tests:

Gray Oral Reading Test, Forms A, B, C. and D
Gates Reading Survey, Forms LC, RV, ND, and VD
Gates-MacGinitie Reading Test
Metropolitan Achievement Tests
Iowa Test of Basic Skills
Wide Range Achievement Tests, Levels I and II
Cooperative English Tests
Group Diagnostic Reading Aptitude and Achievement Tests

Spelling:

Morrison-McCall
Wide Range Achievement Tests, Levels I and II

Arithmetic:

Buswell-John Fundamental Processes of Arithmetic
Los Angeles Diagnostic Arithmetic Tests

Informal Tests:

Monroe-Sherman Visual Test Cards
Wepman Auditory Discrimination Test
Phonics Survey
Informal Reading Inventory
ReadingInventory Completion Form
Beginning and Ending Sounds

Psysical:

Keystone Telebinocular Visual Survey
Spache Binocular Test
Maico Audiometer Test

PROCEDURAL PROBLEMS OF OPERATION

The majority of the children who were tested showed evidence of varying degrees of test anxiety. In some instances he was able to reduce the anxiety of the student to an acceptable, relaxed attitude toward the diagnostician and the testing session.

GOALS ACHIEVED

As a result of the tests, the diagnostician was able to obtain a candid view of the client's academic ability or inability at that particular time. He was able to disseminate the candid overview to all the personnel involved with the client. He tried and tested his recommendations on three or four clients by assuming the role as their learning specialist. In some cases, the results were favorable; in others, the recommendations were not successful.

GOALS NOT ACHIEVED

Once the test results were disseminated to the members of the diagnostic team, very little, if any, communication developed between them. There was a noticeable absence of questioning the recommendations by the diagnostician. None evaluated their own performance in relation to the objectives for the client. Rarely would the diagnostician's recommendations be questioned as to their validity, scope, or sequence. The recommendations were accepted in toto without any adjustments, deletions, or addends.

EFFECTS OF PROGRAM ON SCHOOL

There was little effect of this program on the schools as the diagnostician saw it. Communication between the schools and him were nil. The schools appeared to accept the recommendations without reservation, but they either could not or would not put such recommendations into effect. Perhaps there were token gestures on one or two recommendations simply because of its novelty, but otherwise, the feedback was non-existent.

RECOMMENDATIONS

For Local Operation:

(1) Improve referral data supplied by the schools. It is not enough to generalize about the academic disability of the child. Time and effort could be utilized better by the diagnostician if the academic data were more specific and in detail.

(2) Provide seminars for classroom teachers of what to look for in the child's school make-up or background to improve the subjective evaluation of the child.

(3) Identify those children at an early age who may encounter learning disabilities.

(4) Set up a testing program that would aid in identifying children who may have learning problems by:

    (a) Issuing standardized tests at the kindergarten or first grade level.

    (b) Set up a criteria or cut off point on test results to determine who needs to be tested further.

    (c) Those children who have failed to meet certain requirements should be given an individualized intelligence test.

(5) Communication between the schools should be informative regarding what tests the Center has available. Otherwise, there may be duplication of effort by one institution or the other.

(6) Restrict testing on a discriminating basis since several children appeared to be test oriented and familiar with the instruments.

(7) The State and Federal Office of Education must become more involved with the local Center. It is not enough merely to provide the financial support, there must be increased flow of research information, who and where is someone executing a program that is unique and successful.

(8) Train teachers to determine if a child is a disabled, disadvantaged, or reluctant reader and what the potential for each child might be.

(9) Have the state conduct seminars each summer for all DLC personnel to evaluate outstanding district(s) programs, to exchange ideas, and discuss future plans.

CHILD PSYCHOTHERAPY

Diagnostic Learning Center

John Whipple
Don Meier
Leanne Levchuk

CHILD PSYCHOTHERAPY

John Whipple
Don Meier
Leanne Levchuk

INTRODUCTION

The Diagnostic Learning Center staff have been implementing a program designed to help alleviate severe learning problems of a selected group of kindergarten through twelfth grade children. The children identified were essentially two or more years behind academic potential and displayed the usual manifestations of the underachiever.

Basically two services were initiated: (1) in-depth diagnosis, and (2) programmed development based upon that diagnosis. Programmed development consisted of translation of diagnosis into prescription and implementation of that prescription by the classroom teacher. The professional link between prescription and implementation was the Center's learning specialists. In order that the diagnosis and prescription could be tested, accurate and up-to-date information was gathered from both objective and subjective tests and questionnaires.

Early in this evaluation, the staff felt that goals set for children were not being met. In November of 1967, the staff examined the diagnosis and program of each child. By applying the definition for maladjusted children under Article 7, Rule 7C1A, B, and C, it was discovered that 10% of the children fell into area A (social problems), 80% in area B (socially maladjusted), and 10% into area C (emotionally disturbed).

It was also discovered that a large majority of these children were not ready for an academic approach to learning. Our findings indicate that these children need an opportunity to be brought to this stage of readiness for the academic through a non-academic program consisting of a psychological approach and treatment for behavior disorders.

GOALS

The goal of child psychotherapy is to affect basic changes in the intrapsychic equilibrium of each adolescent. Through relationship, catharsis, insight, reality-testing, and sublimation, therapy brings about a new balance in the structure of the personality, with a strengthened ego, modified superego, and improved self-image.

The goal of the revised program was to treat the child totally, recognizing that he does not have simply a learning problem, but that this has ramifications that have affected his self-concept, his relationships with family, peers, and school. This necessitated a global approach in which the child was the identified patient, but actually the patient concept included the parents, the school, the child himself, and peer relationships as they could be involved through the application of groups within the Center.

Goals:

(1) Assist each child to develop a personality which is adequate and acceptable to him and to those with whom he interacts.

(2) Assist each child to move toward a higher level of academic achievement in accordance with his potential.

(3) Identify the most common causes of emotional maladjustment and develop techniques for treatment which may be learned and practiced by teachers in small group settings.

(4) Assist those concerned which childrens' emotional and social problems have advanced beyond the scope and capabilities of this program to find the type of assistance needed.

(5) Assemble follow-up information on those children who, though once a part of the program, have moved on to more independent activities.

HISTORICAL ACCOUNT OF THE EVOLUTION OF TREATMENT

The evolution of the program into a more treatment-oriented approach involved all the Center staff. A child might be assigned primarily to a treatment specialist and receive psychotherapy in a classical sense; at the same time, he might also be seen by a learning specialist for one-to-one teaching with special techniques prescribed especially for the individual child. A third staff member might well be called into practice by helping the child in a group setting, through activities or through peer discussions. Recognizing that the child spends the major portion of his time in contact with parents and teachers, these can ideally be utilized as co-therapists and can be the most effective agents in changing the child's environment and giving him a corrective emotional experience. This involved staff therapists seeing parents on an individual basis or in groups. Most teachers of children who were in treatment at the Center were invited to participate in in-service training workshops in which general learning disabilities were discussed or where teachers presented problems about the specific child and discussed ways in which these could be therapeutically managed in the classroom. Thus the in-service specialist on the staff served as an important liaison person between Center and school as well as providing a specific remedial program for the specific child.

STAFF RESPONSIBILITIES

The diagnosis and recommendations for treatment are arrived at through the combined efforts of a team. In this way, we coordinate the specialities and skills of the professionals on the team who are able to evaluate the information and draw together the resources that are necessary to alleviate the client's problems. This diagnostic and treatment team is composed of the director, psychologist, diagnostician, treatment specialist, learning specialist and a guidance counselor. The team is supplemented by in-service leaders as well as para-professionals. The director of the Center has a broad background and experience in teaching, administration, supervision, research and evaluation. He is knowledgeable in the areas of counseling services, testing, analysis of learning difficulties, and has a broad background in providing services for children with learning and emotional problems. He is skilled in the management of a program which focuses on individuals and their problems and allocation of resources for the solution of these problems. His responsibilities are to direct and manage all phases of the Center's progress, develop community relations, evaluate and research, budget and disseminate information.

The diagnostician is trained in the clinical study of a child's academic problem. He tests each client in the area of hearing, vision, and physical defects. When a client shows deviation from the expected areas on these tests, a recommendation is made to the parents to seek further assistance.

The diagnostician administers standardized tests and informal surveys as deemed appropriate, interprets the test data and is involved in the team's consultation and development of a remediation plan. He assesses aptitude and potential for the subject areas. The instructional level of the client is determined and specific strengths or weaknesses are identified by analytical measures. He has a broad background for analysis of special educational problems and is aware of the many approaches and materials available for overcoming these problems. He uses an experienced-based approach to diagnosis, such as using a wide variety of materials to partially test diagnosis prior to treatment. The diagnosis and evaluation are a continuous process whereby these standardized tests are repeated every six (6) months while the client is at the Center.

The psychologist is a qualified psychological examiner with a strong background in child study. He has training and experience in dealing with children and adults, social and emotional problems, and application of treatment to meet the needs of these individuals.

He studies the client clinically by administering individual psychological tests. A personality assessment is made, drawing upon health, school, home, and psychological data. Emphasis is placed upon the study of the personality characteristics of the client and how they relate to the client's learning problems. His findings and recommendations are related to the selection of instructional methods and are shared with the other team members. He establishes a point of view in determining the client's learning problem. He makes a prognosis as to the success of the case based on his evaluation of the client's disability. He also participates directly in treatment for parents and children.

The guidance counselor is trained in securing and analyzing family data. He secures additional information from academic and anecdotal records, personal data forms and records of past experiences. He develops a harmonious relationship with the parents in order to provide a link between the parents and the Center. He makes specific recommendations to the parents. As individuals or in groups, the guidance counselor works with these parents to overcome factors which are detrimental to the child.

The treatment specialists have a broad background in providing an individual or group therapeutic approach to both children and adults. In consultation with the team, individually tailored programs are developed. These programs offer the best opportunity for a child to overcome emotional problems which cause misalignment in the school setting. They develop programs from which teachers and parents profit in their dealings with the child and the child's progress. They treat individually and in groups, both children and their parents, using the resources of the Center, school, and the community.

The learning specialist is a master teacher with in-depth knowledge in subject matter, learning theory, in child growth and development. They assist in the diagnosis, prescription, and in the development of remediation programs. They assist teachers in both subject matter and learning theory, translate the diagnosis and prescription into an on-going educational program. They experiment with various instructional media to determine what will work with a particular child and program these instructional materials to assure a continuity of development. They assist the classroom teacher in carrying out and evaluating an instructional program for the child and translate the evaluation into an adaptation of the child's program to meet his changing needs. They assist teachers in the evaluating their own behavior, and setting a behavioral goal for themselves and their students and in providing for the child with severe learning problems.

The in-service specialists conduct seminars for teacher and parent groups, and construct instruments to measure seminar effectiveness. In addition, they develop model programs, and explain the in-service programs that can be adapted by others.

The team continuously evaluates this program and reappraises the client's performance. Through a close working relationship with individual members of the team, the client develops feelings of security, self-reliance, and self-respect. The team develops ways of relieving the client's personal anxieties and reduces them as much as possible to prevent their interference in the learning process.

PROGRAM COMPONENTS

This type of psychotherapeutic approach was necessarily eclectic. All recognized techniques of psychotherapy were utilized--formal individual psychodynamic therapy, play therapy, psychoeducational approaches stressing perceptual training, as well as prescribed remediation, and various types of group activities, release-oriented play, self-control building experiences, group discussions, and small-group tutoring.

GOALS NOT ACHIEVED

Most lacking was parent participation. The first two years of the program were focused on child and school and parent involvement was minimal. Thus, parents had not been prepared to participate in a global treatment program and were somewhat resistive. A purely learning disorder orientation had been presented to them and they did not have the traditional child guidance clinic involvement in the child's problem so it was difficult to integrate them into the total treatment approach.

We have not had the close collaboration between teacher and therapist which is envisioned in this type of approach. Too many times reports have not reached the classroom teacher so there was not the correlation between what happens at the Center and at school. This possibly was a result of too large case loads or the failure to assign primary responsibility to one therapist for communication.

EFFECT OF PROGRAM ON THE LOCAL SCHOOLS

In some schools, there was no effect because the school had little or no knowledge of the program. In some schools, the knowledge that the teacher and principal had of the child's treatment program had an effect upon the grading system used for that child, materials presented, teaching approach used, attitude toward the child, expectations for the child, handling of parents, and handling of discipline problems. The approach that the Center is using is helping the schools realize that it is to their benefit and the child's to use our specialities.

RECOMMENDATIONS

The following criteria should be followed if the success of the Center is to meet the individual needs of the local, State and National governments. It is felt that the three different branches of government need to be involved in order for this Center to succeed. This would include very definitely the financial cooperation and the expertise that could be provided from the different branches.

(1) It is felt that the clinic should retain its autonomy from the local area in which it operates. The clinic should have the freedom to work and make recommendations and not be subject to political pressures.

(2) The clinic should be supervised, directed and staffed by professional (clinical) people.

(3) The clinic must have adequate physical facilities and be located in a way in which they can maintain and conduct programs and research that could be fed back into the three different branches of government.

(4) The clinic should become involved with a university where they can train staff members in the clinical area.

(5) The clinic should be maintained on a twelve-month basis.

(6) The clinic should be closely associated with the local medical hospitals in order that they will be able to benefit from their expertise.

FAMILY COUNSELING

Diagnostic Learning Center

Irving J. Stone

FAMILY COUNSELING

Irving Stone
Guidance Counselor

INTRODUCTION AND GOALS

The diagnostic phase of counseling has been directed toward achieving the following goals:

(1) to determine the effect and extent various internal factors, e.g., self-concept and external factors, e.g., environmental pressures in regard to home, school, and neighborhood, have on the child's learning problem.

(2) To obtain a descriptive over-all view of the family.

(3) To determine if there are any major family problems (e.g., social, economic, or sexual) which may have a direct or indirect influence on the child's learning difficulty.

(4) To gain a general impression of parental attitudes in regard to raising children in order to help shed light on the child's personality make-up as it influences his particular learning difficulty.

(5) To develop a positive and harmonious relationship with parents in order to provide a link between parents and Center.

AN HISTORICAL ACCOUNT OF THE EVOLUTION OF THE GUIDANCE COUNSELOR

During the first two years of the Diagnostic Learning Center's operation, the guidance counselor's role evolved through the necessity of providing comprehensive diagnostic services for children having severe learning problems and related services for parents of these children. It was felt that an interdisciplinary approach was needed to provide comprehensive diagnostic services. Therefore, the Center's staff consisted of a psychologist, two guidance counselors, learning specialists, and an academic diagnostician. Each professional would contribute his knowledge to the diagnosis of a learning problem. A main premise of the project was that learning problems can be alleviated when the totality of a child's learning difficulties is studied and corrected.

The main task of the guidance counselor was the securing of family background data and the synthesis of that data into an accurate estimate of the dynamics of the family.

PROGRAM COMPONENTS

The main component used to secure family data was through the interview technique which consisted of the following components:

(1) Birth and Early Development of the child. In regard to this phase of the interview with parents, the counselor asked questions as the following:

> "Was the child wanted? Were there attempts at terminating the pregnancy? Were either you or father afraid of or unwilling to have a child? What of mother's health in first three months and during the full duration of pregnancy? Any difficulties during pre-natal period? What about emotional problems, alcoholoism, or inter-personal difficulties? Give information about labor and delivery."

(2) Infancy - Some of the questions were as follows:

> "What was your impression of the infant? What were your hopes and aspirations for your baby? Was the baby nursed or bottle-fed? Describe patterns of feeding, sleeping, crying and weaning. When was toilet training begun and ended and were there problems with bedwetting? Or soiling? At what age did your child stand, walk, and talk? Did your child rock his crib, bang his head, stutter, have temper tantrums, childhood fears, thumb suck, or bite his nails, have episodes of depression, marked anxiety or withdrawal?"

(3) School History - Parents were asked to trace their child's school history. In regard to this topic, parents were asked:

> "How did your child deal with separation from mother? What was child's attitude toward school? Did your child learn easily or did he have difficulties? What kinds of problems in school have come to your attention?"

(4) General Health of the Child - Parents were asked to give detailed medical history of serious illnesses or injuries.

(5) Peer Relationships - "As a small child, what was the child's attitude toward other children, his brothers and sisters, or to neighborhood children? What are his present friendships? Is he popular or a lone wolf? Do other children come to his home? Does he go to their homes? What about athletic interests, scouting, or camp experiences?"

(6) Personal Interests - Parents were asked what things were of interest to their child - hobbies, clubs, scouts, etc.

(7) Sexual History - Questions covered in the interview with parents were:

"What kind of sex information does your child have and how did you handle it? Have you seen any evidence of sexual curiosity and how did you handle it? What was the child's reaction to changes occurring at puberty? Does your child ever or now masturbate? Any sex play with other children?"

In addition to the above topics covered, parents were asked to tell something about their respective family histories and current living situation. The following are examples of questions covered under each topic:

(1) Family History - Each parent should describe his family's circumstances as he was growing up. "Describe your parents, what they were like as people and how did they get along in their marriage. How did you get along with them? How did you feel about them? What kind of work do you do and how do you feel about it? How did you meet your spouse and how would you describe your marriage?"

(2) Current Living Situation - "How many people are living in the home? Who are they and what is each one's role in the family? What are the sleeping arrangements? What are the habits in the house regarding use of the bathroom? Do you have an open-door policy with bedrooms? Has your child shared your bedroom?"

All of the above questions regarding the interview with parents have a profound influence on the child's psychological, social, and emotional adjustment which in turn influences the manner in which he learns.

Each parent was asked to state his own personal view of the child's learning problem. This question served as a starting point to determine areas that husband and wife were in agreement as well as in disagreement. Each parent tends to view his child in light of his own emotional and social development and family background.

Husband and wife were interviewed together for at least one session. Interviewing both husband and wife together served to determine if they had any difficulties in regard to communicating their feelings and thought to each other. They were then interviewed separately to determine if there were any major marital difficulties--in economic, social, or sexual areas--which might shed light on the child's learning problem.

Prior to a diagnostic staffing regarding the causation(s) of the child's learning difficulties, the guidance counselor prepared a written report which consisted of the following:

(1) Information obtained from parent interview.

(2) Counselor's general impressions of each parent.

(3) Degree to which parents were willing to become involved in DLC program.

After causation(s) of the child's learning difficulty was determined, the guidance counselor met with the parents to inform them of the Diagnostic Learning Center's findings. The discussion included ways in which the school, Center, and parents could coordinate their efforts to help the child overcome or alleviate his learning difficulties. During the parent interview regarding the Center's findings, it was noted that many times there was a discrepancy between the school, Diagnostic Learning Center, and parents' view of the child's personality make-up and behavior.

PROCEDURAL PROBLEMS OF THE OPERATION

Frequently, parents were in disagreement with the Center's findings which was due to one or more of the following reasons:

(1) The child's overt behavior at home was rather different than his behavior described in the school milieu.

(2) Some parents had a tendency to deny that their child had emotional problems which were causing learning difficulties.

(3) Parents denied their child had an emotional problem since they did not originally initiate their child's referral to the Center.

GOALS ACHIEVED

The counselor also met with a number of parents on a once-a-week basis to help them in their attempts to follow the Center's recommendations regarding the child in the home milieu. During these parent sessions, the main emphasis for the counselor was to focus on the child and the parents' behavior toward him. The main goal was to modify or alter parental behavior which might have a debilitating effect on the child's personality (e.g., helping a mother to become less overprotective with her child; or helping a parent become more realistic about his child's abilities which in turn would modify his behavior toward the child as a father becoming less overly-demanding regarding expectations for his son; or helping a mother develop a closer and more positive relationship with her daughter if the child had some difficulty in regard to female identification).

In many instances counseling sessions with parents did achieve the following goals:

(1) Parent modification of behavior which was more beneficial for the child's growth and development.

(2) Parents were helped to develop some insight into the causation(s) of the child's difficulties--socially, emotionally, and/or academically.

(3) A closer coordination of effort between home, school, and parent was accomplished to help the child overcome learning difficulties.

(4) Motivation developed on the part of some parents to seek aid at the Diagnostic Learning Center or elsewhere in regard to marital problems which might be contributing to the child's learning problem.

GOALS NOT ACHIEVED

Counseling sessions were of little benefit when parents had severe personal problems which needed a more intense type therapy. In these cases, parents were referred for individual marital counseling or referred to another staff member (e.g., psychologist) who could help them overcome personal emotional problems of a more severe nature.

EFFECTS ON LOCAL SCHOOLS

In general, it is felt that the guidance counselor's role in the schools could be altered or modified in order that they become more involved with parents on a counseling basis as they appear to have a major responsibility and commitment to modify parental behavior in a more positive manner toward the child. The school guidance counselor could also serve as a source for referring parents to outside counseling agencies, school social workers, and school psychologists for more intensive type therapy when needed.

RECOMMENDATIONS

Recommendations for continued operation of the Diagnostic Learning Center regarding the guidance counselor's function are as follows:

(1) Social histories regarding the child should not be done at the Center. This would free the counselor to spend time in counseling of parents whose children had learning difficulties.

(2) The guidance counselor could serve a more useful role in individual and group counseling with children having emotional problems which are not of a severe nature. The counselor's academic orientation and training are more geared to this area rather than the taking of social histories.

In conclusion, the counselor's role should be that of serving as a close liaison between school and home regarding children's learning problems. The counselor should aim at improving relations and communication between school and parents.

PSYCHOEDUCATION

Diagnostic Learning Center

Barbara C. Hickey

PSYCHOEDUCATION

Barbara C. Hickey
Learning Specialist

INTRODUCTION

Psychoeducation is a composite system using psychotherapy as an integral part of academic remediation. Its immediate purpose is to reduce pressure from the teachers, parents and peers due to lack of academic achievement and to assist in developing a useable set of adjustment skills.

Psychoeducation does not attempt to substitute for academic progress, but purports to eliminate some of the causes of interference from the learning process.

As a part of the Diagnostic Learning Center's program for the development of individual instructional packages for children with learning disabilities, psychoeducation is a relative late comer to the total program. It came about through a gradual evolution of the position that was originally labeled Learning Specialist. Psychoeducation is, then, a combination of several approaches and systems including tutorial assistance, counseling, and psychotherapy.

PROGRAM GOALS

The goals set forth by the psychoeducational staff of the Center have been: to assist in the diagnosis and be a part of the treatment of a selected group of kindergarten through twelfth grade children who have severe learning problems. These children have generally displayed the characteristics of the underachiever and have tested out as two or more years below academic achievement.

The psychoeducation staff set out to develop a more encompassing approach to the needs of the parents and children included in the program. The initial aims of this approach were: to seek an appropriate course for each child, to determine what resources are available and how to best utilize them and to set goals, both long and short range, for each individual child. Each child's program would be built to develop self-confidence, a better self-concept, and awareness that success in school is possible. The team would seek to move from that awareness or readiness to counseling or straight academic remediation, or a combination of both. Through this combined approach, psychoeducation would attempt to provide services in the interim between formal psychotherapy and full academic tutoring. The interim services would include translation of "diagnosis and prescription" to school administration and implementation of the prescription in the classroom for an on-going program.

AN HISTORICAL ACCOUNT OF THE EVOLUTION OF THE LEARNING SPECIALIST

Academic remediation, like all good teaching, has traditionally been evaluated through on-going processes. In the initial phases of the Diagnostic Learning Center's history, the academic diagnostician, psychologist, and guidance counselor would test, interview, and interpret their test data for each child to be included in the program. From the family history, academic and psychological test data, the learning specialist would create a program based on resource materials available from the Center and not usually seen in the child's classroom or library. Wherever possible, the materials and program would not tend to single-out the student or make him more unique than his learning problem has already done. This individual program tended to be more academic than psychological and was evolved through trial-test-retrial techniques, since these children had been exposed to most remedial material and had rejected it. The Learning Specialist during this first stage was a program producer, program tester and teacher consultant. In this capacity as consultant, the Learning Specialist presented the collected test data and family history, for each student, to the classroom teacher, discussed teacher responsibility for the child's program, and explained how the individual program could be used in the classroom. The success of the Diagnostic Learning Center program for each child was gauged by teacher comments, parent views, and test data. The student spent very little time with personnel from the Center except for diagnostic pre-testing, program development with the Learning Specialist, and evaluative post-testing. Contact extended from the Center to the child's teacher through the Learning Specialist. Direct contact with the student was limited and there was very little parent contact or involvement.

This approach soon seemed inadequate to meet the needs of the children in the program. The Learning Specialists found feed-back from teachers was too limited and some suggested programs were never used. At this point, increased contact with the child became both desirable and necessary; in order to check on the individualized program, keep up with the changes in the behavior patterns of both teachers and the child. In many cases, the Learning Specialist had to provide the privacy for counseling and receive necessary direct feed-back from the child about home, school, and personal set-backs as well as achievements. Evaluation during this second phase followed the pattern set in the initial phase.

The lack of real identification with the student and his problems, inconsistency from home and school, attack from only one side of the problem and hours spent in travel rather than direct involvement helped lead to the final phase of the program. At this time, psychoeducation came into direct development as part of a total package to change pupil behavior in performance, attitude and skills. Reduction of time spent in travel for the Learning Specialist, and making psychoeducation a real part of psychotherapy, gave us a fully developed program for attitude, skill and performance change; built on sequentially designed successful experiences.

A child in trouble, independent of conditions in his home, is a rare child indeed, but a child, receiving help individually and in his classroom, with no change in family or home behavior, who changes his behavior patterns is even more unusual. Psychoeducation, at the Center, assumed its proper place and a realistic place in the therapy program for the child only when school, home and child worked together and were pulling together for the successful treatment of the child. Parents, together or separately, tried to change their behavior for the benefit of their child. Teachers, through in-service programs and through continuing contact with the Learning Specialist, worked to accept each child for his particular worth, adapt their program for the child's needs and to change their reinforcement and acceptance techniques to accommodate the child involved in the program.

Evaluation now can measure change in many directions, attempts were made to change behavior patterns and acceptance codes of parents, teachers, associate teachers, Learning Specialists and the students themselves. Academic measures of growth in reading and arithmetic are important as they relate to the combined efforts of the classroom teacher and the Learning Specialist, but do not reflect full growth. An academic loss might never reflect a gain in self-confidence and in awareness of need, by the student, in himself and in others, as well as true growth in family understanding and acceptability. The current form of evaluating the success of psychotherapy is academic testing, especially in reading and arithmetic. In addition, there are evaluations of behavior changes by the child, his parents, his teachers, his Treatment Specialist (where involved), and his Learning Specialist. Perhaps these evaluations by the people directly involved are of far greater value than academic growth even though standardized scores are the only way to prove to many that growth of any kind has taken place. We like to feel that growth is not just linear or horizontal, especially in the child with a learning problem. What can be used to determine the onset of academic awareness or readiness in a maladjusted 18 year old? The only judgment must be very personal and must be on-going not just based on twice a year testing.

STAFF RESPONSIBILITIES

The program initially used five Learning Specialists who spent many hours in transportation moving from school to school in the consultant role and as migrant tutor-counselors. As the number of cases expanded an additional Learning Specialist was hired. In the final phase of the Center's operation four full time Learning Specialists were employed with varying caseloads and one half-time Learning Specialist was used in carry-over cases from previous years.

The Learning Specialists are master teachers with in-depth knowledge in subject matter, learning theory, and child growth and development. They have assisted in the diagnosis, prescription and the development of remediation programs. The Learning Specialists discovered ways of relieving the child's personal anxieties and reducing them, and where possible, to prevent their continuing interference in the learning process. Within the walls of the Center, children found much needed privacy, honesty, and a safe, neutral ground for learning and counseling without teachers or parents near.

Individually, with the Learning Specialist, the children worked on material new to them with motivation presented on a private, personal basis. As the students worked, their programs were constantly evaluated and modified. Varying materials, techniques, and motivational devices were used to implement the program being used in the school. Many times the school program for the particular child was created and/or supplied by the Learning Specialist. Especially in these cases, the Learning Specialist has acted as liaison between the Center and the school, translating the client's learning disability, explaining the teacher's role in the child's program, the child's program at the Center, his parents' involvement and projected goals for all. The school staff was assisted in understanding the child's behavior, knowing his limitations and setting reasonable academic goals.

At the Center, a sequential program of varied supportive activities with sufficient reinforcement was developed for each child to reduce anxiety and ease tension in the learning situation. Not all of the child's program was structured or academic--in some cases, the program was relatively unstructured and totally non-academic. Through success in a variety of experiences the child could develop the necessary strength and confidence for future explorations. These non-academic experiences provided the carry-over from psychotherapy to academics in many cases.

The Learning Specialist and the classroom teacher worked together to keep the program tailored to the needs of the child and sought to give him an acceptable classroom identity. If a group in the client's classroom had some similar needs in a subject or skill area, the Learning Specialist and teacher tried to give him success in the group by providing materials to his group members for developing a group identity.

In group sessions at the Center, the stated goals were non-academic. The boys' activity groups were established to help stimulate social interaction among passive, withdrawn and inhibited children and to meet individual needs for developing self-control in group situations for aggressive, hostile, acting-out children. The activities were supervised by a Learning Specialist but controls were developed from within the group.

Teen-age boys in a group spent some time in activities, but were being led to verbally interact on shared problems and were developing skills necessary to informal psychotherapy.

PROGRAM COMPONENTS

Team diagnosis took the lead immediately after referral, since initial contact with the child was made through the Diagnostic Learning Center's academic diagnosis, psychological survey, and Learning Specialist's observation of the student in his own classroom. The diagnostic views were pooled at this point by the diagnostic staff and ideas shared about program construction for the child.

The individualized program was created for the student from the staff's information about weaknesses and strengths in the child's academic and psychological make-up. No two programs were alike, but most did move from an area of successful achievement to a less secure area. Using this approach, the Learning Specialist and the child could develop the rapport necessary for counseling as a part of psychoeducation. This rapport was most essential to the program in that the goals of security, self-reliance and self-respect depended on this close relationship between adult and child.

Motivation was a strange creature at the Diagnostic Learning Center--some motivation seemed built into the structure of the building, the movement of the student bus, the comfort of the waiting area, the consistency and warmth of the staff. The child seemed to experience relief from the pressure that kept him alone and helpless in the classroom, that relief, the change in location, the interest of the people on the staff and the newness of high-interest, low-ability materials created a pattern of motivation, one that we endeavored to keep high.

Using the materials from the Center that were high in interest, yet easy enough for success, the Learning Specialist worked with the student to create a useable academic program. Together, through trial--retrial techniques, a useable program that gave a sufficient level of reinforcement, on-going internal motivation, and satisfying experiences that worked to develop self-confidence was developed.

During this time, the school was informed about changes in the child, his needs, new problems, the teacher's role, and the child's program. Materials that augmented the program used at the Center were provided to the school for the students involved in the program.

When the program was in progress, appraisal and evaluation were continuously taking place through the classroom teacher, the Learning Specialist and the home.

PROCEDURAL PROBLEMS OF OPERATION

Communication time with the child's regular teaching team wasn't as available as it might have been. Time for consultation was not always the best time for either the Learning Specialists or the classroom teachers, but was a time made free from student services or from classroom duties.

Parent consultation time was often a problem, in that the parents' time was scheduled poorly or conferences were held in the open area of the waiting room with privacy unavailable. Some of the parents were not as honest as the Learning Specialists had expected; perhaps this was due in part to poor internal communication from parent group leaders.

Facilities for group work were not always available or noise-free. A group of hyperactive boys need an area where they can lose control, set group limits and regain control without disturbing children who are concentrating on a program of academic remediation. Closed space also became a problem when very easily distractable children, as so many of our children were, needed an area where visual and auditory distractions were limited or eliminated.

Equipment was not used to its full advantage by members of the staff due to the spreading out of materials, in a variety of storage areas, and due to the fact each Learning Specialist's office area served many purposes. Each office was a remedial classroom for mathematics and reading, a play therapy area, an art room and consultation center for parents and teachers. Conversations of other Learning Specialists, parents, teachers and children's groups filtered from one office to another and caused some interference with formal psychotherapy as well as psychoeducation or tutoring.

Transportation caused the biggest headache of all for parents, children and Learning Specialists. When parents provided the service some of the children were irregular in attendance, tardy or far too early for their sessions. Supervision during these times was an unusual problem since some children could never be alone together due to the severity of their problems and to the unique chemistry that resulted from their combination. Bus transportation did solve some of these problems, but did create some unexpected problems inherent in a wide service area. School responsibility for pick-up time was shifted from principal to teacher to clerk to student in some instances. Student displeasure at riding in a small bus, usually associated with special education, caused many a student session to start with a reassurance pattern to erase the onus of riding in the bus. The busing did provide for some children who never would have made it to the Center without free transportation due to their parents' work schedules and lack of funds for providing taxi service.

During the first two years of the project's operation, due to time spent out of the office and in the schools, feed-back from the Learning Specialists to other staff members were limited and tended to assume the formality of a staffing rather than regular exchange of information between mutually concerned co-therapists.

None of the procedural problems cited here had a deleterious effect on child therapy. Perhaps some slowdowns could be blamed on these problems, but the children's programs usually contained enough flexibility to allow for changes in time, bus schedule, etc. Operations would have been a little smoother if these problems had never occurred.

ACHIEVEMENTS THROUGH PSYCHOTHERAPY

"Looking through a new mirror..." may be the best description, from a child, of what the Center's program had achieved. Changing one's self-concept is the first step to achieving academic self-achievement. This new image took months of relatively minor, small victories that built up the sufficient background necessary to take a chance again. Academic success is based on the readiness to learn or the awareness of the components of the situation. This success must win over a defeating, self-burdening dislike of self. With a new view of one's personality and the thought that achievement is possible, a student is free and secure enough to move on more independently.

Academically, some children have moved ahead quite well, some quite slowly, and some not at all. Such irregular patterns of growth come from a population where no change in growth is expected, and where no change has taken place in years. The development of any interest in academics has been seen as growth in these children.

Classroom teachers have been made aware of some of the new techniques of working with children with learning disabilities. They have adapted programs to fit the needs of their other students and have been freed from some of the doubts that confuse those who try to individualize learning programs. These classroom changes have come about through the combined efforts of the Learning Specialists, the classroom teachers and the in-service program.

PROGRESS INHIBITORS

Parent involvement in group and individual therapy was a terrific boon to the total program. Recognition of the relationship of home life to school success and the admission that school and Center could not effect total or lasting changes without adaptations in the home, consistency in child management by both parents, marriage counseling (when children are the victims of the family), and parent re-education. A more comprehensive program of family treatment could have accelerated progress in the child's attitude and academic

2

change. Perhaps a more compulsory attendance rule would have made participation more consistent.

Follow-up on closed or released cases has been sporadic at best, partially due to changes in teaching personnel, shifts in Diagnostic Learning Center personnel, and due also to lack of man-hours freed for field work. Inquiries to the schools could have been made through the mail and some contact kept in this way. Some students were recommended for special class placement within the boundaries of district special education classes and dropped from the Center's files. The children enrolled in parochial schools served by the Center in need of services not available in their system had transfer to an acceptable program suggested and further contact was minimal.

SCHOOL RIPPLE EFFECT

Teachers and school administrators touched by involvement in the Diagnostic Learning Center's program should have, through the diagnostic service, as related by the Learning Specialists, seen the value of counter-testing and the value of well-used, not well-filed test results. From the psychological, social and academic diagnostic workup the classroom teacher was better equipped to identify other children with learning disabilities.

From the diagnostic workup, the schools have been exposed to a variety of high-interest, low-ability materials that can be useful in remediation. Remedial use of these materials, in small group work or in individual use, in the classroom has been shared in many schools to the advantage of all teachers having contact with a child at the Center.

In a consultant capacity, the Learning Specialists were called on by teachers and administrators to act as intermediates to parents: to interpret the special needs of the child, to convey the school's willingness to build an individual program to meet the child's needs, and the school's need for parental involvement. In this same role, the Learning Specialist was called upon as a Resource Person for the schools served. Assistance as a test evaluator, tailor of programs, was offered to teachers who expressed special needs or needed help in individualizing programs within their classrooms.

The teachers and school administrators saw the Center as another available resource for meeting the special needs of their children. Such a resource cannot offer instant therapy, but can provide a gradual awakening for many students to the fullness of academic life.

RECOMMENDATIONS

After three years of operation and through many phases of evolution from consultant-tutor to Learning Specialist in a program of psychoeducation at the Diagnostic Learning Center, these recommendations have been formulated: psychoeducation, rather than formal academic tutoring, should be continued as a part of the treatment program at the Center; decisions about the degree of involvement on a case, for each member of the treatment team, ought to be team decisions; parent involvement, when indicated, ought to have an early start and work toward regularity in attendance; the staff should utilize time and facilities more efficiently.

PARENT EDUCATION AND THERAPY PROGRAM

Diagnostic Learning Center

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Group Therapist

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INTRODUCTION

Parent education and therapy was introduced as an integral part of the total treatment program of the Diagnostic Learning Center during 1969-1970. In the first two years of operation supportive services for parents of children referred were primarily interpretations of diagnostic findings and assistance in securing professional help if recommended by the diagnostic team. The experience of the staff in that two-year period indicated that such services were not sufficient--a considerable number of children exhibited emotional problems largely resulting from disturbed family relationships and inconsistent handling. In other cases, inadequate child management and family relationships were at least reinforcing the emotional and social problems of the children. An Evaluation Report for the Diagnostic Learning Center, June 1968, supported the contention for improved services to parents, wherein the recommendations to conclusion numbered seven stated:

> 1. In light of the above conclusions, that even greater effort be directed toward assisting parents in overcoming their problems as well as the problems of their children.
>
> 2. The staff of the Diagnostic Learning Center should include personnel trained and experienced in working in the field of adult group dynamics. (p. 48)

In order to meet the needs of the parents of children referred, it was decided to establish a parent group therapy program.

Group therapy was the approach employed because it was thought to be the appropriate treatment method for most parents for two primary reasons:

1. Group therapy could be constructed to focus on specific parent-child problems such as inconsistent limit setting practices, unsatisfactory parent-child relationship, marital problems affecting the child, etc.

2. Group therapy would be the most economical and expeditious approach in involving parents in a therapeutic process.

The groups were restricted to a maximum size of ten participants. Six was considered an ideal working group.

GOALS

Generally the goal of the Diagnostic Learning Center was to improve the chances of a child's success in his school life through identification and examination of the problems resulting in, or reinforcing, his learning difficulties, and/or behavioral disorders, and development and implementation of processes for reduction of these problems. The approach, as indicated in other sections of this report, was directed toward the total child, including those influences which surround him most--family and school. It was the intent of the Center to involve the parents in the treatment program to the degree the staff felt necessary to allow the child (1) to develop a personality which is adequate and acceptable to him and to those with whom he interacts, and (2) to move toward a higher level of academic achievement in accordance with his potential.

It was the basic goal of the parent education and therapy program to improve the inter-relationship between parents and child through development of insight in the parents of their own self-concept, child behavior and needs, child management and family dynamics.

STAFF

The program was staffed with three part-time therapists and one full-time regular staff member (psychologist), whose other responsibilities included diagnostic and therapeutic services to the children. The three part-time therapists were school social workers trained and experienced in group therapy for children and adults; one was also a qualified marriage counselor and psychiatric social worker.

FEES

A fee schedule was adopted for assessment purposes where parents were receiving the direct services of the Center in addition to their children. A copy of the proposal is presented below.

Discussion: A Proposal for Alteration of Programming for the Diagnostic Learning Center, April 30, 1968, included the proposition that:

> A graduated fee schedule will be instituted. Such a schedule shall be approved by the Steering Committee of Superintendents. No fees shall be assessed which would prove a financial burden to any family.
>
> The most important reason for such fees is the well attested fact that a financial commitment on the part of the person being served brings about more of a personal commitment to the program.
>
> Of minor importance is that these fees will provide needed funds for continuation of the project. (Page 16)

Rationale:

1. It is questionable that the provision of formal and organized parent therapy is the responsibility of the public school systems.

2. Although the therapy program for children may not be expanded through a fees schedule for parents, it is very likely that it may be limited if the schedule is not implemented.

3. There has been much research which supports the premise that persons value more that for which they pay and that treatment response has been markedly greater in agencies which charge fees. Where there is resistance to fee paying there is also resistance to assuming responsibility and lack of motivation for change.

4. There is a need to supplement the present DLC budget in order to provide for such needs as additional custodial services for evening use of the Belmont Center and other buildings, possible consultants to the group therapists, and therapy supplies.

5. This is an opportunity to test for the future the possibility of that part of the DLC program involving parents in treatment being self-supporting by means of a fee schedule.

Fee Schedule: Fees will be based on the "Minnesota Plan" of fees for public agencies and clinics which has been widely adopted. Fees are computed at the rate of one-half of one percent per session of the amount paid in federal income tax for the immediate past year. Fees will not exceed $12.00 per week per family. Fees will be determined by the Center secretary upon presentation of the tax return and will be billed monthly. Anyone refusing to submit tax returns may be refused Center services or may elect to pay the maximum fee. However, no family would be turned away because of their inability to pay.

THE PROGRAM

During the diagnostic process and re-evaluation of cases carried over from the 1967-1968 school year, parental needs, family problems and conflicts were identified as they related to the problems of the child. Initially, five types of structured groups were planned to meet the needs of the parents identified.

Inconsistent parents. A technique developed by M. Rosenthal, M.D., was used to deal directly with parental guilt toward the child which caused inconsistent handling and/or conflicts concerning child rearing and discipline.

Superficial fathers. The technique usually consisted of confrontation to develop father insight of shallow interpersonal relationships. These fathers usually look "good" on the surface (a facade) but they are only intellectually involved with their children. The goal for the group, indigenously, was to coalesce methods for more meaningful relationships.

Supportive mothers. The technique was to shore-up the mothers, encourage them to use their common sense and support them in their positive interactions with their children. These mothers had strong feelings of inadequacy and were essentially immobilized in constructive handling and discipline of their children. There was little challenging or confrontation as these women already felt attacked and devastated by schools, doctors, etc., regarding their children. Necessarily there was some instruction regarding child development and child rearing procedures when the group could not develop these on its own.

Denying mothers. The technique was essentially the same as with the superficial fathers. However, more emphasis was placed on the mothers' poor ego defenses and unwillingness to accept and to help the child accept the presence of the real problem. These women consistently denied the existence of their child's emotional problem. They blamed his difficulties on a physical handicap, poor teachers, etc. Essentially they were denying responsibility for the child's problems. The final objective was to solicit the mother's support of the child's treatment program rather than to sabotage it.

Parent education and support. The techniques used consisted simply of education of routine parent handling, consistent management, interpretation of childhood behavior and correlating it with psychosexual development. Meaningful parent involvement was urged versus quantitative involvement which tended to fulfill parent's narcissistic needs. These were "catch all" groups which had heterogeneous problems. Many parents were simply bewildered by conflicting advice, the demands of the environment, and were overwhelmed by the task of being parents.

Later in the year a marital therapy group was considered and attempted, but did not materialize for several reasons--among which was the inability of selected parents to accept a group approach to marital problems and unwillingness to involve themselves in treatment.

Preparation for participation in group treatment therapy commenced with individual case staffings followed by conjoint completion interviews with the parents by various staff members. The purpose of the completion interview was to present the staff findings and recommendations to the parents, and at that time to elicit acceptance of participation in group therapy.

Some groups did not materialize or were highly unstable which lead to eventual disintegration. One such group was for "denying mothers". Some of the mothers selected refused to involve themselves--continued denial of their involvement in their child's problem. During the completion interview other mothers selected for this group were found to need individual treatment and thus were treated using techniques similar to those described for the group.

Several strengths and weaknesses were found in the group approach to parents. The following account of one group is somewhat representative of the six groups initiated:

> The Inconsistent Parents' Group commenced in November of 1968 and operated through April, 1969. Several problems were encountered during the initial stages of group therapy which reduced the need to establish additional inconsistent parent groups. Among these problems was the factor of assessment of treatment fees that was not initially clarified to the parents and when presented by letter resulted in various degrees of negative responses on the part of many parents. These parents generally withdrew from further participation, yet many permitted their children to continue in the program. Another encountered problem was a rather general reluctance on the part of many parents to focus upon parent-child difficulties by frequently projecting blame upon school personnel, teaching procedures, and the academic program. In assessing the causal factors for these difficulties, three areas in preparation seemed to have contributed greatly:
>
> (1) The previously described problem with fees.
> (2) Differences in understanding of the nature of the group and the method of communicating this to parents on part of staff.
> (3) The group therapist's failure to arrange prior joint interviews with parents before admission to group therapy seemed to be the primary reasons for limiting the success for the inconsistent parents' group.
>
> A tendency to project upon the school was generally handled in a successful manner by frequently restructuring the focus to parent limit setting practices. This resulted in a favorable response on the part of many parents in that they were able to further clarify their contribution to the child's problem, to make use of shared handling techniques and to develop more appropriate child rearing practices. During the last several weeks prior to the program's termination, parents were seen on a conjoint basis rather than in a group in order to deal with their individual difficulties and to hasten the progress that they have made. Another positive aspect

obtained through the parent group program was the further clarification of family dynamics which frequently aided the staff in their understanding of the family's difficulties and assisted in their treatment of the child.

All groups experienced to some degree the problems discussed above, including the three contributory areas specified. Because of the inconsistency in attendance in some groups, and lack of willingness on the part of some parents to accept the reality of the problems, only four groups (one of each type) remained intact for at least one-half of the year. The groups began in November 1968. A second mothers' group was form in April 1969, and had to terminate in June, only because the total program was concluding for the school year.

Groups ranged in size from five to ten participants plus a therapist, and sometimes a co-therapist. Co-therapists were regular staff members who voluntarily participated for in-service training purposes. A co-therapist can be helpful and may improve the effectiveness and efficiency of a group, but if not voluntary, the inclusion of such a person increases the cost of such treatment. The groups met once a week in the evenings, except for one which met in the morning.

An observation by one author of this paper was that the groups which developed some constancy and cohesiveness were those comprised of only adult males or only adult females. No reasons were specifically sought out, but surely several could be conjectured. One which may deserve some consideration is that it was often difficult to get both parents in attendance at the same time. Several excuses were offered--many of which were probably valid: one or both parents worked evenings, one parent sometimes worked late, conflicts with club meetings, bowling, church meetings, etc. Because of the inconsistency in attendance of one parent, the commitment on the part of the other declined. Soon there was no involvement of either parent. This does not negate the need for, or indicate a discontinuance of such groups; it does suggest that the problems of establishing joint parent groups must be given careful staff consideration. To assure firm commitment, during the joint completion interview, both parents must be made equally cognizant of the reasons for their involvement.

In some cases where parents were highly resistive to a group approach, they were seen individually or encouraged to seek help from an outside agency such as the Northwest Cooperative Mental Health Clinic, Catholic Charities and Lutheran Family Services, or from a private practitioner.

Approximately fifty percent of those parents identified as in need of treatment or educational services of the parent therapy program, participated to some degree. The program was successful if they had a better understanding of themselves and their inter-personal relationships in the family, and if they had internalized these understandings to the extent that their own attitudes and behavior had been somewhat positively modified. For a formal evaluation of the program's effectiveness and the attitudes of the parents toward this aspect of the total program, see the evaluation study by Michael L. Thompson, Ed.D.

EFFECTS UPON SCHOOLS

Though the goal of this portion of the Diagnostic Learning Center program was to affect the family dynamics, the parent program did, in some cases, alter the parents attitudes and approaches toward the schools. The degree of parental involvement in the school life of their children covers a wide range. The Center caused some parents to become less involved, others more involved, tending toward greater objectivity and support of the schools. Some were even encouraged to become critical of their schools and seek ways for improvement.

From the schools' vantage point, the Center offered the resources needed to get the parents involved in treatment, which they alone felt unable to do. The latter did elicit much support for continuance of the program.

RECOMMENDATIONS

Recommendations for future parent group programming would include either the use of full-time staff as parent group therapists or, if part-time staff is used, procedures then should be changed to include increased participation in the preparation stage by the group therapist to greatly enhance communication between part-time and full-time staff. The latter might best be arranged by having periodic scheduled staff conferences and more frequent recording on individual cases by collaborating full-time and part-time therapists.

The group therapist should consider having at least one individual interview with each parent, or an individual conjoint interview with each set of parents in preparation for group participation. Some parents may require several individual sessions before they are ready for a group.

The physical setting for group therapy is not critical, but it should be fairly secure from external stimuli which can interfere with the security and confidence of the group.

IN-SERVICE EDUCATION

Juanita Whiteside
Sheila Wilson
Leaders of Continuing Education

IN-SERVICE EDUCATION

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Education

INTRODUCTION

In any effort to bring about change within an individual child, the probability of effecting that change increases as we increase the number of people in the child's environment who are assisting him in the change process. Therefore, the work of the Diagnostic Learning Center staff would not bring about the desired changes in the child without the assistance of school personnel, parents and others with whom the child is continuously in contact. The purpose of these comments is to assist school personnel.

If school systems had the money and talented personnel to provide the specialized services needed by potential problem children, there would probably be little need for the Diagnostic Learning Center today. Since the need for the Diagnostic Learning Center has been established, it can be assumed that the schools need assistance in dealing more effectively with these children. However, it need not operate on this assumption alone, since surveys indicate that some of the prime concerns of educators are diagnosing the problems of, and prescribing instructional programs for, children who have learning problems.

Until September of 1967, the in-service education function of the Diagnostic Learning Center was carried out through Diagnostic Learning Center staff members' consultations with the individual teachers of the children involved in the Center's program. This provided an ongoing, informal in-service training for a limited number of teachers.

It became apparent that this method was only reaching a few of the teachers who desired and needed opportunities to examine and discuss their interaction with problem children. This need, coupled with the availability of a summer training program for "Specialists in Continuing Education" conducted by the Cooperative Educational Research Laboratory, Inc., brought about the training of one (and later a second) in-service specialist for the Diagnostic Learning Center.

HISTORICAL DEVELOPMENT

In the fall of 1967 teachers in the area were contacted by letter and asked to respond to a questionnaire stating the degree to which they would be willing to record and analyze their teaching behavior. The participants' school district supported the program by providing funds for eight to ten half days of released time for that person. An overview of the eight week program will be found in Figure I. The in-service seminar groups met for approximately three hours one morning or afternoon a week for a period of eight weeks.

Five groups in 1967-1968

Group A:
- Eight participants
- Six from six different public schools
- Two from the DLC
- Grade levels two to eight
- Three or more years teaching experience

Group B:
- Six participants from four high schools
- Tenure teachers with at least two class assignments
- Different subject areas

Group C:
- Six participants
- Five from five public schools
- One from a parochial school
- All first or second year teachers
- Grade levels one to six

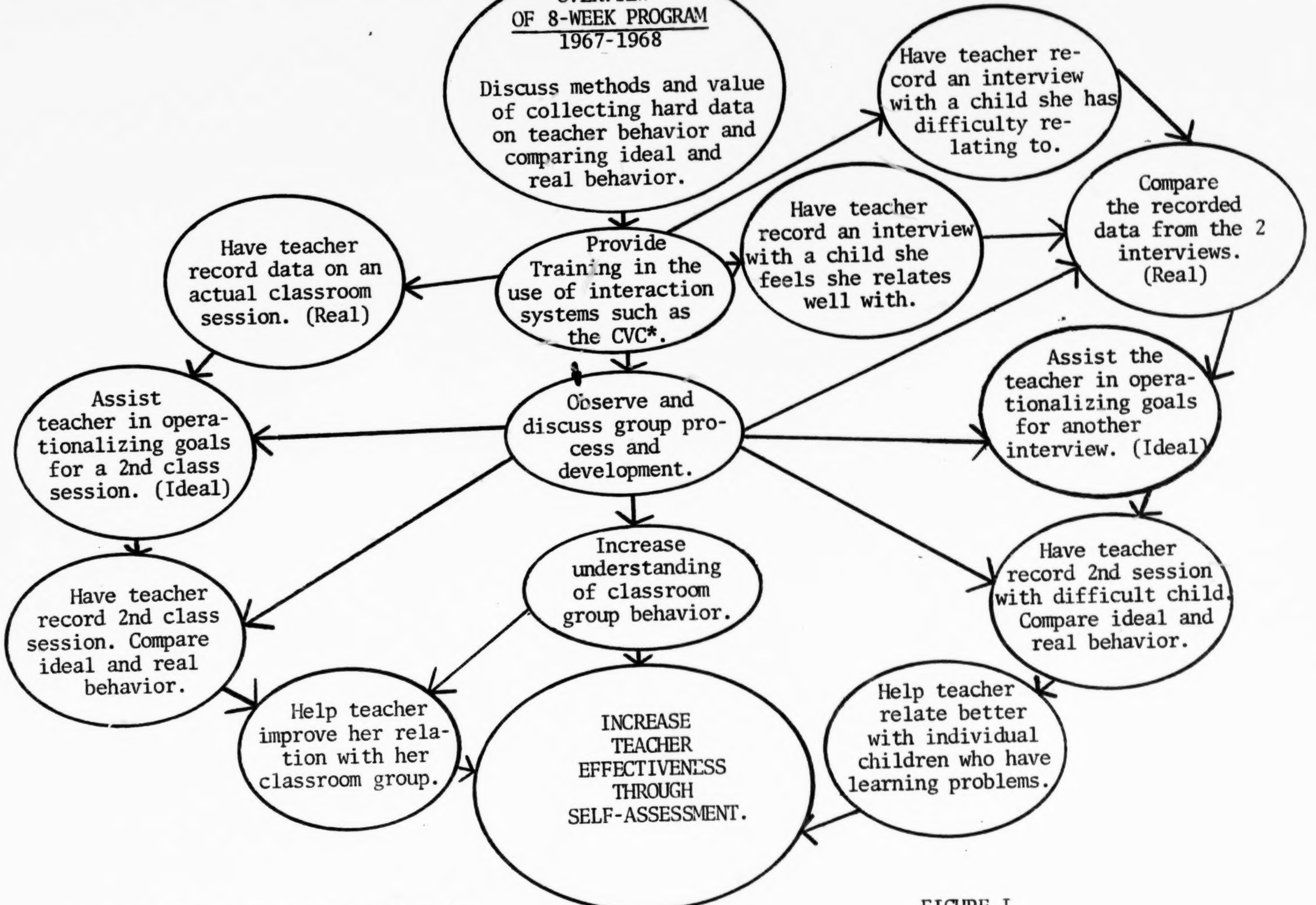
OVERVIEW
OF 8-WEEK PROGRAM
1967-1968
Discuss methods and value of collecting hard data on teacher behavior and comparing ideal and real behavior.
Provide Training in the use of interaction systems such as the CVC*.
Have teacher record data on an actual classroom session. (Real)
Have teacher record an interview with a child she feels she relates well with.
Have teacher record an interview with a child she has difficulty relating to.
Compare the recorded data from the 2 interviews. (Real)
Observe and discuss group process and development.
Assist teacher in operationalizing goals for a 2nd class session. (Ideal)
Assist the teacher in operationalizing goals for another interview. (Ideal)
Have teacher record 2nd class session. Compare ideal and real behavior.
Increase understanding of classroom group behavior.
Have teacher record 2nd session with difficult child. Compare ideal and real behavior.
Help teacher improve her relation with her classroom group.
INCREASE TEACHER EFFECTIVENESS THROUGH SELF-ASSESSMENT.
Help teacher relate better with individual children who have learning problems.

FIGURE I

*Cerli Verbal-behavior Classification

Group D:
Five participants from three schools
All fourth and fifth grade teachers
Varying experience

Group E:
Six participants from two schools
Grade levels two to six
Experience varying from two months to twenty years

IN-SERVICE PROGRAM 1968-1969

In order to select participants a five page questionnaire (see "question-naire") was mailed to the five elementary school districts and one high school district that had provided funds for released time for eight to ten half days per participant. The final selection of participants was based on the response to the questionnaire and the criteria set up by the school district. The in-service seminar groups met for approximately three hours over a period of four, six or eight weeks, depending on the purpose of the seminar. Generally, an hour follow-up session was held a month after the last seminar.

Ten groups were held during the school year, 1968-1969.

Group F:
Six participants
Kindergarten--second grade teachers
Varying experiences
One elementary district
Three principals

Group G:
Six participants
Kindergarten-second grade teachers
Varying experiences
One elementary district
Three principals

Group H:
Six participants
Three junior high students
Three participants from two elementary districts
All junior high teachers
Two or more years teaching experience

Group I:
- Six participants with students at DLC
- Grade levels third, fourth and fifth
- Three elementary districts
- One to five years teaching experience

Group J:
- Six participants with students at DLC
- One from a high school
- One from DLC
- Five from two elementary districts
- Varying experiences

Group L:
- Eight participants from six high schools
- Different subject areas
- Special education classes
- Two to ten years experience

Group M:
- Six participants from a Catholic elementary school
- One to five years experience
- One participant had two students at the DLC

Group N:
- Six participants from two Catholic elementary schools
- Varying experience

Group O:
- Eight participants from one high school
- Seven first year teachers
- One with ten years experience
- Different subject areas

Group P:
- Eight participants from a model school
- One principal
- Seven staff members
- Different grade levels

PROGRAM GOALS for 1968-1969 Increasing teacher effectiveness usually implies growth on the part of the teacher. The process of growth is characterized by change in behavior. Teachers are often unable to-see a need or establish a direction for change unless they are aware of their actual behavior and the implications it has for students. Change doesn't usually come about unless the person is dissatisfied with what actually exists. Therefore, the primary goal of the in-service program is to give teachers an opportunity to assess their actual interaction with problem children and to determine whether or not their teaching behavior is bringing about the desired results in the child.

SELF-ASSESSMENT

Premise: Teachers want to increase their effectiveness in the teaching-learning process. They feel a need to close the gap between their real and ideal behavior and are seeking techniques for self-evaluation and self-improvement.

Goal: Through a process of self-assessment, help the teacher examine her real classroom behavior and how students respond to this behavior. Help her define her ideal behavior and measure progress toward this ideal.

Rationale: The process of growth is characterized by change in behavior. Teachers are unable to see a need or establish a direction for change unless they are aware of their real behavior and the implications it has for students.

Another goal has been to assist teachers in examining the alternatives and resources available to them in dealing with these children and then to assist them in selecting the alternative or alternatives most likely to achieve the desired results in the child. Goals must be defined in terms that are conducive to objective measurement if one is to accurately assess progress toward those goals. Furthermore, these goals must reflect understanding of the child's ability and emotionality. Thus, aiding teachers in establishing realistic goals both, with and for children, has been another expectation of the program.

Increasing the use of professional resources, including both professional materials and resource people, has been yet another goal of the program. Work in small groups can encourage group members to explore, define, and utilize the talents and capabilities of their colleagues. Based on a needs assessment the following examples are a sampling of seminars held the school year, 1968-1969.

SAMPLES OF SEMINAR PROGRAMS

Activities in Self Study, Evaluation and Sensitivity to Students

Participants:

Eight teachers from District 214
DLC In-Service Leaders
DLC Staff as resource people
Outside resource people

Purposes of the Seminars:

To provide ideas for assisting students in positive self-concept development

To assist teachers in setting some realistic goals for students

To provide an opportunity for teachers to examine their own interaction in a group

To explore alternatives for dealing with problem behaviors

To provide an opportunity to view new materials that may be used in the classroom

---

PROBLEM SOLVING AND DISCUSSION GROUP

Participants:

6 junior high teachers from 2 districts
2 Diagnostic Learning Center in-service leaders
Junior high students
Diagnostic Learning Center staff

Purposes of the Seminars:

To explore methods of problem solving that could be used to focus on problems of junior high students

To explore the classroom communication process, factors that promote and inhibit communication

To discuss new techniques that can be used to secure greater student involvement

To consider any other teaching issues that are of concern to the participants--schedule will be flexible and adapted to needs and interests of group

---

Activities in Self Study, Evaluation and Sensitivity to Students

Participants:

6 teachers who presently have students in Diagnostic Learning Center program
DLC in-Service Leader
DLC staff

Purposes of the Seminars:

To provide continuous support and ideas for teachers who have students with learning problems at the Diagnostic Learning Center

To provide time for direct communication between teacher and Diagnostic Learning Center staff who are working with their students

To assist teachers in setting some realistic goals for these students and for their own work with them

To explore alternatives for dealing with problem behaviors

To provide an opportunity for teachers to examine their own interaction with students with learning problems

Willingness to Participate Volunteer participation is a very important factor in the success of in-service. When teachers see a need for seminars, they become more involved and receptive to the new ideas presented. Freedom to share ideas and express their own opinions become a large part of some seminars.

The breakdown of the questionnaire, Item 4, dealing with the willingness to participate in the in-service program that provides ideas for working with children with learning problems (Figure II), is as follows:

HIGH SCHOOL QUESTIONNAIRES RETURNED 227

YES	41%
MAYBE	37%
NO	22%

FIVE ELEMENTARY DISTRICT QUESTIONNAIRES RETURNED 714

YES	49%
MAYBE	38%
NO	13%

TOTAL QUESTIONNAIRES RETURNED 941

YES	49%
MAYBE	38%
NO	15%

Many of the returned questionnaires checked maybe, expressed a great need for in-service education and would be willing to participate if released time were available. Several of the returned questionnaires checked no expressed a great need for in-service education, but at the present time were involved in graduate school and did not have the time for additional seminars.

It may be concluded from the results of Item 4 that teachers and administrators of the five elementary school districts have a greater willingness to participate in an in-service program providing ideas for working with children with learning problems than teachers and administrators of the high school district.

STAFF MEMBERS

The staff members of the Diagnostic Learning Center have served as a vital part of the program of in-service training for teachers. The psychologist, treatment specialists, and learning specialists have served as resource people

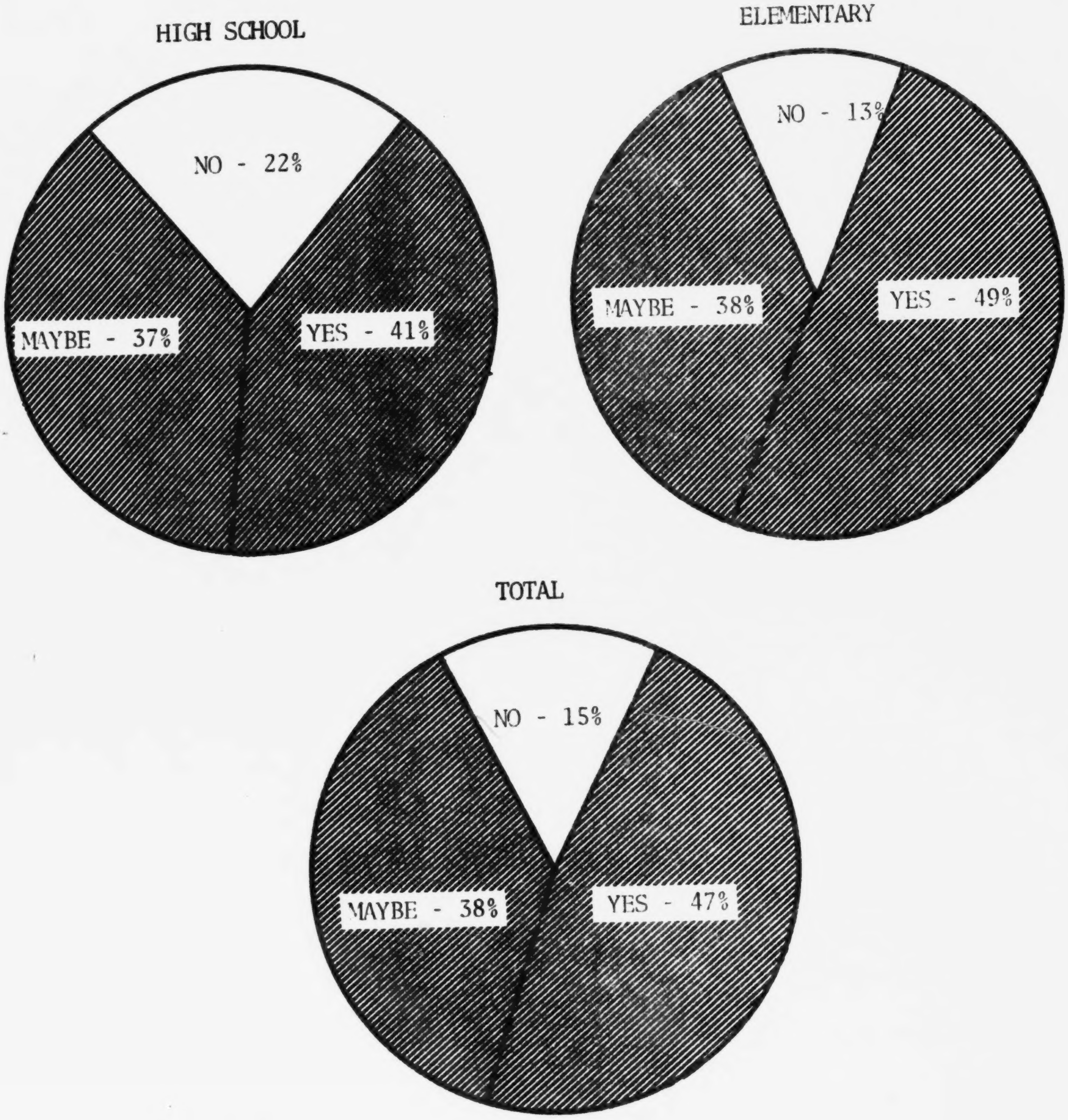

FIGURE II

THE WILLINGNESS TO PARTICIPATE
IN THE IN-SERVICE PROGRAM

for the seminars. The staff members have aided in the planning of the seminars. Part of the seminar time was set aside to meet with the staff members or member that was working with a student of the teacher. The staff member made suggestions as to the methods that had proven successful at the DLC. The staff provided the teacher with new academic materials that the student could meet successfully.

NEEDS

Data collected on Item 2 from 714 questionnaires reveal that teachers and administrators from five elementary school districts rank Diagnosing the student problem the most difficult problem in aiding students with learning problems. (Table I)

The results of data collected on Item 3 from the same 714 questionnaires indicate that teachers and administrators from the same area rank as the greatest need for an In-Service leader is to build an in-service program to fit the needs of the staff. (Table II)

EVALUATION

During both years the in-service program has been in operation, an informal method of evaluation has been used at the end of each session to keep both leader and participants informed of feelings about individual sessions and activities. This has simply been an anonymous summarization of positive and negative comments. This method in combination with verbal comments made during the sessions has provided the type of ongoing feedback needed for custom program design.

At the conclusion of each of the 1967-1968 seminars, participants were asked to respond to an evaluation questionnaire. Comments which are representative of the total evaluation were as follows:

THE RANK ORDER OF DIFFICULTIES TEACHERS AND ADMINISTRATORS HAVE IN DEALING WITH CHILDREN WITH LEARNING PROBLEMS

Rank Order		Factor
Most Difficult	1	Diagnosing the child's problems
	2	Defining the child's needs
	3	Determining what motivates the child
	4	Determining effective approaches
	5	Scheduling time to do individual work with the child
to	6	Selecting appropriate materials
	7	Obtaining appropriate materials
	8	Helping the child gain peer acceptance
	9	Determining which resource people can be of assistance
Least Difficult	10	Coordinating the efforts of those who are working with the child

TABLE I

THE RANK ORDER OF FUNCTIONS THE IN-SERVICE LEADER CAN PERFORM FOR TEACHERS AND ADMINISTRATORS

Rank Order	Factor
Most Helpful	1............Build an in-service program to fit the needs of your staff
	2............Meet with your staff to explain the in-service programs available
	3............Provide an "on-call" service one day a week to assist teachers who have children with specific problems
to	4............Consult with individual teachers who have referred children to the DLC
	5............Consult with any teachers who request it
	6............Suggest resource people who could assist you with problem children
	7............Serve as leader of in-service seminars
Least Helpful	8............Develop a program for a team of teachers

TABLE II

The strength of the seminar:

- was that the group was small and communication strong.
- was the opportunity to see how different teachers would react to a situation.
- was freedom that made me lose my fear as to self criticism and outside criticism.
- was that it made me more aware of the importance of establishing teaching goals and helped me see ways of choosing behaviors to accomplish my goals.
- was that we learned many valuable ways of looking at ourselves in relationship to our student's behavior.

The weakness of the seminar:

- was that there were too few sessions.
- was the lack of structure.
- was too little use of video tape equipment.
- was too much emphasis on problem children, not enough evaluation of everyday teaching.
- was that there was no chance to really put into action actual observations of each other in our own environment with students.

Suggestions for improving seminars:

- Use more brainstorming.
- Have student questionnaires available at the beginning of the seminar.
- Have a more structured program.
- Find a better procedure for selection of participants.
- Have methods of data collection ready for demonstration so all members can utilize them.
- Acquaint the group with more role playing techniques.
- Use children in action - more observation of actual situations - video tape.
- I would suggest doing more with the video tape so that a teacher can actually see herself in action for evaluation purposes.

Most of the responses to the two specific questions indicated support for continuation of the in-service program.

Do you feel that the children in your classroom have benefited from your experience in the seminar: If so, how?

> "Yes, I feel that I am now more aware of how students feel and react. I feel I have a wider knowledge of approaches in handling problem children."

> "Yes, I was forced to take the time to sit down and talk to some of the children individually. These are things I know are good but there never seems to be enough time unless you are forced to do it."
>
> "Only in the taping experience."
>
> "Yes, found the use of tapes very helpful with problem children. Replaying a talk helps pick out areas of needed attention, attitudes that are sometimes missed. Also, the setting of goals with individuals not just the class as a whole."
>
> "Yes, I do. I am more aware of my teaching behavior and am trying to use more variety, though I do feel that the long-term effect will taper off even more than it has already."
>
> "I feel I have tried harder to see what their needs are and to meet them. I have talked more to the individuals who have given me problems and tried to determine who really has the problem in certain cases. I have helped students to see a self goal and directed them toward meeting these goals."

Do you feel that you are more sensitive to the ways in which children respond to your teaching behavior? Please explain.

> "Most definitely. I see how their problems develop and how to recognize symptoms, and thus try to treat the underlying factors. I think children appreciate the added patience. I feel they understand my problems better, too, and want a unified class. I think I'm more aware of their responses and also that I can evaluate better the reasons for their responses--either positive or negative."
>
> "Yes, very much so. Knowing now why they respond as they do and how they should react has helped me greatly. Having others help and respect your classroom problems offers much reward."
>
> "Seeing other teachers in action on video tape has made me more aware of how students see things. Also by audio-taping class discussions I have seen more clearly how I appear to the students."
>
> "Yes, I seem to approach my teaching differently with more concern for the children's needs. I'm now willing to listen to children's ideas and let them have some control over their classwork."
>
> "I have always strived to understand each individual, therefore, I can't say there's a change at this time."
>
> "Yes, the seminar made you look at yourself through other people's eyes particularly the students."

The survey instrument found in the following pages was developed August 1968 to assess the needs of the teachers and administrators in the area. The questionnaire and cover letter were placed in the mail box of teacher and administrators in five elementary school districts and one high school district. Compilation of the data provided direction for in-service seminars. Data was used to form groups based on needs. Results of the questionnaires were used to determine the need for in-service seminars for the future.

DIAGNOSTIC
LEARNING
CENTER

112 North Belmont Avenue
Arlington Heights, Illinois 6000

AC 312-394-0280

September 9, 1968

Dear Educator,

In an effort to assist more people working with children who have learning problems, the Diagnostic Learning Center's Continuing Education program has been expanded. At this point we are continuing to assess the needs of parents, educators, and children in order to establish a direction for winter and spring seminar programs. Your response to this questionnaire will play an important part in shaping these seminar programs and will also help us to identify individuals who would like to be involved in these seminars.

The questionnaire should be returned through the District ____ mail service by September 17, 1968. Please fold the form in half and staple it so that the address appears on the front. Your response will be greatly appreciated.

Yours truly,

Juanita Whiteside
Sheila Wilson
Leaders of Continuing Education

SW/pt

IN-SERVICE PROGRAM QUESTIONNAIRE

DIAGNOSTIC LEARNING CENTER
112 No. Belmont Avenue
Arlington Heights, Illinois

August 1968

NAME____________________________________

SCHOOL____________________________________

Position ☐ Administrator ☐ Teacher ☐ Other (Please Specify)______

District

☐ Palatine - 15
☐ Wheeling - 21
☐ Prospect Hts. - 23
☐ Arlington Hts.- 25
☐ Mt. Prospect - 57
☐ Elk Grove - 59
☐ High School District 214
☐ Parochial

Grade Level you teach or supervise. (Please circle.)

K 1 2 3 4 5 6 7 8 9 10 11 12

Teaching Experience

☐ 1 - 5 years
☐ 6 - 10 years
☐ 11 - 15 years
☐ 16 - 20 years
☐ 21 - 25 years
☐ 26 or more years

1. How much need to you think there is for an in-service program with emphasis on children who have learning problems?

☐ A great need
☐ Some need
☐ Very little need
☐ No need

Comment:____

____

2. What are the major difficulties you face in dealing with these children? Please number in order of the difficulty they present to you. (1 most difficulty, 10 least difficulty.)

_____ Diagnosing the child's problems
_____ Defining the child's needs
_____ Determining what motivates the child
_____ Selecting appropriate materials
_____ Obtaining appropriate materials

_____ Determining effective approaches
_____ Helping the child gain peer acceptance
_____ Scheduling time to do individual work with the child
_____ Determining which resource people can be of assistance
_____ Coordinating the efforts of those who are working with the child.

Comments: ____

3. What function should a DLC in-service leader perform in order to be most helpful to you? Please number in order of preference.

_____ Serve as leader of in-service seminars
_____ Meet with your staff to explain the in-service programs available
_____ Build an in-service program to fit the needs of your staff
_____ Consult with individual teachers who have referred children to the DLC
_____ Consult with any teachers who request it
_____ Provide an "on-call" service one day a week to assist teachers who have children with specific problems
_____ Suggest resource people who could assist you with problem children
_____ Develop a program for a team of teachers
_____ Other (Please specify.) ____________________

Comment: ____

4. Would you be willing to participate in an in-service program that would provide ideas for working with these children?

☐ Yes
☐ Maybe
☐ No

Comment: ____

5. What type of in-service scheduling would you prefer? Check one or more.

☐ Released time - 1 morning per week
☐ Released time - 1 afternoon per week
☐ Released time - 1 day per week
☐ Late afternoon
☐ Evening
☐ Late afternoon and evening

☐ 1 week released time for an intensive program
☐ Other (Please specify.) ____________________

Comment: ____

____

6. What do you consider the most desirable motivation?

☐ Professional growth credit through your district
☐ College credit
☐ Released time with neither of the above
☐ Other (Please specify) ____________________

Comment: ____

____

7. Who would you like to participate in the in-service program?

☐ All teachers
☐ Teachers and administrators
☐ Teachers, administrators, and parents
☐ Teachers and parents
☐ Other ____________________

Comment: ____

____

8. How should the teacher participants be grouped for this program?

☐ By grade level
☐ Primary, intermediate, junior high, high school
☐ By subject area
☐ Across grade levels
☐ Across subject areas
☐ No special grouping
☐ Other ____________________

Comment: ____

____

9. What teachers should be included in such a program?

☐ Teachers from 1 building
☐ Teachers from 1 district
☐ Teachers from a variety of districts
☐ Other ____________________

7. Who would you like to participate in the in-service program?

☐ All teachers
☐ Teachers and administrators
☐ Teachers, administrators, and parents
☐ Teachers and parents
☐ Other ______________________

Comment: ____

____

8. How should the teacher participants be grouped for this program?

☐ By grade level
☐ Primary, intermediate, junior high, high school
☐ By subject area
☐ Across grade levels
☐ Across subject areas
☐ No special grouping
☐ Other ______________________

Comment: ____

____

9. What teachers should be included in such a program?

☐ Teachers from 1 building
☐ Teachers from 1 district
☐ Teachers from a variety of districts
☐ Other ______________________

Comment: ____

10. ____

10. Where would prefer to meet?

☐ In your own building
☐ In your own district
☐ In another district
☐ At the DLC
☐ Other ______________________

Comment: ____

____

10. Where would you prefer to meet?

☐ In your own building
☐ In your own district
☐ In another district
☐ At the DLC
☐ Other ______________________

Comment: ____

____

11. How would you like the group activities structured?

☐ Group directed
☐ Leader directed
☐ Students present (for teaching purposes) for entire session
☐ No students present
☐ Resource people available each session
☐ Resource people available as needed
☐ Other ______________________

Comment: ____

____

12. Have you had objections to any in-servic programs you have attended? If so, what did you object to?

13. Do you think that parents need assistance with children who have learning problems? If so, what type of assistance is needed?

14. Do you think the DLC could help to meet the needs of these parents? If so, how?

15. Did you have objections to responding to any of the items on this questionnaire? If so, which were they?

Additional Comments:

Thank you!

PROJECT DISSEMINATION

Stephen D. Berry
Project Director

PROJECT DISSEMINATION

Stephen D. Berry
Project Director

Each educational program has its own subtle characteristics which are either internal adaptations to the specific abilities of the staff or adaptations of the functional aspects of the program to the specific needs of the community in which it is found; the characteristics are more likely to be a combination of the two. Generally speaking, these are the types of things which cannot be transmitted through any medium other than a face-to-face visit.

This may be the most expensive method of communication but it is certainly the only means if the parties concerned are planning to implement a similar program in their own area.

The comments above are particularly true for the Diagnostic Learning Center. Each child, each family is a new project. Each case has a problem peculiar to itself which cannot be equated with another to the final detail. Therefore, one cannot assume that a specific set of techniques used with one child will bring the same result with another. The techniques must be modified and adapted to each case depending upon professional analysis of that particular case.

Over the three year period, information has been distributed to those who have requested it through brochures, original project proposals, program alterations, and evaluation reports. Quantitative data is not available for this period, but it is estimated that several hundred school districts around the country have received information.

In addition, information has been distributed through the following:

1. Personal visits to the Center
2. Lectures and seminars at colleges and universities
3. Attendance at state and national conferences.
4. Special teacher conference and workshops
5. Brochures
6. Special interviews with teachers, parents, administrators, and special services staff
7. Special services district coordinator network
8. Parent meetings
9. Newspapers
10. Periodic progress reports to Advisory Committee and Superintendent's Association

It is interesting to note that the pressures of survival cause those in the program to spend a great deal less time on dissemination. This occurs, of course, at a very unfortunate time - the third and final year of operation. Expediency and concern take the place of the philanthropic approach held earlier. It is unfortunate since the third year is probably the time when a program has something to offer. It has not only developed a service but a point of view. When we explore the point of view, we begin to determine the pitfalls of such a program which is the most helpful information we can gain.

The Diagnostic Learning Center is no exception to this. The staff has turned inward in its communication. Little effort was directed toward external dissemination. The development of proposals for future funding and communication with foundations consumed most of the time available.

EFFORTS TOWARD LOCAL SUPPORT

Stephen D. Berry
Project Director

EFFORTS TOWARD LOCAL SUPPORT

Stephen D. Berry
Project Director

Recognizing the common problems faced in the administration of a Title III, E.S.E.A. program and looking ahead at the eventual termination of funding under Title III, the project directors of the Instructional Resources Center, the Diagnostic Learning Center, the Training and Development Center, and the Community School Services Program (all of which serve the same geographic area) began to meet regularly during the 1967-68 school year. Many items were discussed informally and some matters were resolved, but the common thread which ran through each session was that of continued support.

One program (Community School Services) already had traces of local support in it and was seeking more. Another, the Instructional Resources Center was drawing together plans for a $1.00 per student assessment to each participating school district which would be made effective July 1, 1968. If met fully by each participating district this could have meant over $60,000 for the program. Subsequently, however, several districts and parochical schools indicated that they could not meet the assessment and would not participate except to the extent that they were entitled to their share of the federal aid. Thus the final level of local support was slightly over $49,000 or about 20% of the total annual budget. This was not nearly enough to continue the program on a local basis but was encouraging inasmuch as most districts were participating to a greater extent than expected.

Almost simultaneously, discussion began to revolve around the Education Professions Development Act of 1967 and the potential it might have for the continuation of certain aspects of these programs, particularly in-service training. The possibilities looked very good so one of the project directors, Mrs. Gloria Kinney, organized a committee consisting of Title III personnel, curriculum specialists, and area administrators to investigate the receptivity of the area to yet another federal proposal and then to write such a proposal if the climate should be favorable - and it was. This was viewed not only as a possible means to provide needed additional training for staff, but was also seen as a means of alleviating some of the eventual cost of the existing federal programs. Therefore, in the Spring of 1968 the proposal was written and the long wait began.

Since Title III directors are not unrealistic people and since it was known that not all of the services of the various programs could be supported through the EPDA proposal, the small group of project directors reconvened to examine more carefully the question of local support for their respective programs. (It should be stated here that among other services, these programs were given relatively strong support in a report known as the "Paul Jung Study." This study was to determine possible areas of cooperation for the future. These were to be areas which might result in either more economical services or better educational services. It was conducted through support from Title III, E.S.E.A.)

As a result of the aforementioned study and the persistence of the Title III directors, a committee called the Four Township Study Committee was formed to determine the next course of action to be taken with regard to cooperative area programs and other cooperative services. The committee was composed of the superintendent and an appointed member of each board of education of the ten districts in the area.

The charge immediately went out from the committee for each Title III project director to develop a proposal for each set of services within his (her) respective program which should be considered a part of the larger cooperative. These proposals were to be developed without regard to the administrative structure and were to be flexible enough to allow any district to "buy in" as it saw the need. The various proposals were developed and have been in the hands of the committee for the past six months; they will be given reconsideration some time in the future.

Meanwhile, the Four Township Study Committee has developed a framework within which a cooperative may function (extremely important in Illinois since there is no legal provision for an intermediate district). It also gained the participation of all ten districts in the cooperative and each is meeting an assessment providing for the administrative costs incurred. The cooperative formed has been called the Northwest Educational Cooperative.

At present, the Title III programs must continue to seek their own support. The Diagnostic Learning Center has presented a proposal for continuation to the area Superintendents' Association. It provides for a program of the type described for children with maladjustment, such as those found in the section on "Psychotherapy," at a basic cost of $1065 per student. In addition, the participating districts would be assessed a pro rata share of the $5000 administrative cost.

At this writing, four districts have officially indicated their plan to participate (Districts 23, 25, 57 and 214). The total number of students to be served from those districts will be 86. The total budget for 1969-70 will be a minimum of $96,950 based on those figures given above.

Two districts are bearing the load in this program for next year. District 25 (LEA) will provide for 40 students and District 214 will provide for 40 students. Other districts may yet decide to participate but official notification has not been received.

One factor which is very much in the program's favor is the emphasis placed upon special education facilities for "maladjusted children" in the School Code of Illinois as required by law through H.B. 1407, approved July 21, 1965. This law requires that the County submit a plan for providing for these children (among others) by July 1, 1969. Thereafter, it is just a matter of a brief time before the local school district must meet more definite guidelines.

Another positive factor for the program in this writer's opinion is its direct contact and relationship to children. Area school districts consider this to be in the realm of its primary responsibility and well they should. This is not to detract from the fact that considerable hard work has gone into the new approach or treatment program.

Specifically, the psychotherapy and psychoeducation programs will be continued, while the basic diagnostic work for students and in-service program for teachers will be left to the staff of the participating districts. Parent education groups will continue as a self-supporting part of the program.

CONCLUSION

Stephen D. Berry
Project Director

CONCLUSION

The preceding pages have given an account of the function, problems, and progress of the Diagnostic Learning Center during the past three years. Several recommendations have been made with each section and it would be redundant to re-state them here. Those recommendations relate to the specific functions of the program under discussion and should be considered in light of the goals achieved, goals not achieved, and the procedural problems of operation as seen by the individual(s) most directly responsible for making that phase of the program work. Most of the recommendations are strong. The staff has seen the inhibiting effect those things recommended can have on the program when they are not part of the program or in effect elsewhere.

There are common threads which run throughout the various reports as well as the official evaluation (Appendix B) and these will be summarized here.

1. Children of the type described are generally receiving help from a program such as this. However, the positive result is a team effort between the teacher, parent, and specialist. The latter plays a key role in coordinating activities which bring about success.

2. One cannot expect the same progress to be made in all instances. Each child must be analyzed with respect to his problem and his potential; then he must be measured against himself since his circumstances cannot be duplicated.

3. Special programs of this type need help - direct and concentrated assistance to make the program work. Program personnel suffer from a problem which is exactly the same as that found in the school system(s). We suffer from "omnivorous vision". Our goals are too broad. We must be willing to settle for small but concentrated and fixed gains.

4. Educators in general need help. As an institution, education needs help from within to systematically analyze its needs, to set goals, and to realize when it has attained those goals. Even more importantly, we must learn to understand the relationship of our goals (and their attainment) to the rest of society.

5. We are all victims of over-extension. We continue to view this as a virtue when in reality it is wasteful. Somehow we must come to grips with a more efficient means of using the teacher's (and subsequently the student's) time. As long as we continue to accept our meager results with the children as the standard for progress, we will continue to have meager results. When we set new, and perhaps temporary, standards we will have to find new ways of meeting them. In doing so, we will have to bear the cost both economically and structurally.

6. Three years is not enough time in programs such as this. Self-analysis is painful at times, but it is profitable. Programs such as this must be allowed a period of organization, a period of trial and error, a period of analysis, a period of restructuring, and a period of concentrated effort. The magnitude of the program should determine how long it will take to discover its effectiveness.

It is encouraging to note that in many respects education seems to be on the right track. We are beginning to utilize the talents of process-oriented specialists; we are beginning to systematically analyze our needs and systematically plan for the future; we are beginning to train teachers in the field of communication and learning; we are beginning to investigate the use of student and teacher time through modular scheduling, self-imposed scheduling, and individualized and programmed instruction. Perhaps the overall force of change will limit compromise and the strides of education can be longer in the future.

This program, the Diagnostic Learning Center, will continue. It will be modified to some extent but the nucleus of the concept remains and it will grow in the future.

FINANCIAL REPORT

APPENDIX A

FISCAL DATA

Diagnostic Learning Center

Costs for the Budget Period October 1, 1968 - June 30, 1969

$180,545.00	Total Cost
$ None	Total Non-Federal Support
$180,545.00	Total Federal Support Under Title III, P.L. 89-10
$ None	Total Federal Support other than Title III, P.L. 89-10

Cumulative Costs for the Project Period July 1, 1966 - June 30, 1969

$574,158.80	Total Cost
$ None	Total Non-Federal Support
$574,158.80	Total Federal Support Under Title III, P.L. 89-10
$ None	Total Federal Support other than Title III, P.L. 89-10

STATE OF ILLINOIS
OFFICE OF THE SUPERINTENDENT OF PUBLIC INSTRUCTION
RAY PAGE, SUPERINTENDENT

PROPOSED BUDGET SUMMARY / EXPENDITURE REPORT OF TITLE III, E.S.E.A. FUNDS
Title III, Elementary and Secondary Education Act of 1965 - P.L. 89-10

(NOTE: Please read the attached instructions before completing this form)

NAME AND ADDRESS OF ADMINISTRATIVE DISTRICT	Arlington Heights Public Schools - District 25 301 W. South Street - Arlington Heights, Ill. 60005	ILLINOIS GRANT NUMBER 105-3-69	BUDGET PERIOD BEGINNING MO. 10 DAY 1 YR. 68 ENDING MO. 6 DAY 30 YR. 69

PART I - EXPENDITURES

TYPE OF REPORT Check one: ___ PROPOSED BUDGET SUMMARY XX ESTIMATED EXPENDITURE REPORT ___ FINAL EXPENDITURE REPORT

EXPENDITURE ACCOUNTS		EXPENSE CLASSIFICATION								
		Salaries								
Functional Classification	Account Number	Professional	Non-Professional	Contracted Services	Materials and Supplies	Travel	Equipment	Other Expenses	Total Expenditures	Negotiated Budget
1 Administration	100	124,094	11,206	7,935	2,320	2,500			148,055	147,615.35
2 Instruction	200				2,700				2,700	2,700
3 Attendance Services	300									
4 Health Services	400									
5 Pupil Transportation Services	500			2,400					2,400	3,614.25
6 Operation of Plant	600		5,550					2,700	8,250	7,745
7 Maintenance of Plant	700									
8 Fixed Charges	800	13,008	1,400	500					14,908	15,960
9 Food Services	900									
10 Student-Body Activities	1000									
11 Community Services	1100									
12 Remodeling	1220									
13 Capital Outlay-Equipment Only	1230						2,910		2,910	2,910.75
14 TOTAL		137,102	18,156	10,835	5,020	2,500	2,910	2,700	179,223	--------
15 Negotiated Budget		127,676.35	21,369	16,894.25	5,020	3,975	2,910.75	2,700	-------	180,545.35

OSPI 45-03-103

PART II - SUMMARY - AUTHORIZATIONS, EXPENDITURES AND BALANCE OF TITLE III, E.S.E.A., FUNDS

1. Unexpended funds from Grant awarded for prior budget period	----------------------	
2. Approved Grant award for budget period indicated	$180,545.00	
3. Total funds authorized for budget period indicated		$180,545.00
4. Expenditures during budget period indicated		179,223.00
5. Unexpended funds for the budget period indicated (Item 3 minus Item 4)		1,322.00

PART III - CUMULATIVE TOTALS - GRANT AWARDS AND CASH RECEIVED SINCE INCEPTION OF PROJECT

1. Grant Awards ____________ 2. Cash Received ____________

THIS FISCAL REPORT IS CORRECT AND THE EXPENDITURES INCLUDED HEREIN ARE DEEMED PROPERLY CHARGEABLE TO THE GRANT AWARD

Stephen D. Kenny.
SIGNATURE OF PROJECT DIRECTOR

April 25, 1969.
DATE

Donald K. Strong
SIGNATURE OF THE SUPERINTENDENT

APR 29 1969
DATE

SIGNATURE OF COUNTY SUPERINTENDENT

DATE

DIAGNOSTIC LEARNING CENTER
Oct. 1, 1968-June 30, 1969

Expenditure Account No. 100 Administration Revised 10/28/68

Expense Class	Name & Title, Purpose or Item	Project Time Full	Project Time Part	Quantity	Salary Rental or Unit Cost	Budgeted Amount
Salaries Professional	Berry, Stephen-Project Director		½		$6,784.00	$6,784.00
	Wegener, Donald-Assoc. Director	X			9,378.00	9,378.00
	Whipple, John-Psychologist	X			7,740.00	7,740.00
	To Be Employed-Psychologist		½		3,262.50	3,262.50
	Stone, I. - Counselor	X			9,720.00	9,720.00
	Peters, J. - Diagnostician	X			10,543.85	10,543.85
	Meier, Don - Treatment Spec.	X			7,335.00	7,335.00
	Levchuk, Leanne-Treatment Spec.	X			7,335.00	7,335.00
	Chiprin, A.- Learning Spec.	X			9,135.00	9,135.00
	Hickey, B.-Learning Spec.	X			8,064.00	8,064.00
	Heinz, B.-Learning Spec.	X			9,153.00	9,153.00
	Wood, R.-Learning Spec.	X			9,855.00	9,855.00
	Whiteside, J.-In-Service Spec.	X			7,947.00	7,947.00
	Wilson, S.-In-Service Spec.	X			7,704.00	7,704.00
Salaries Non-professional	Timm, P-Secretary	X			3,600.00	3,600.00
	Krueger, F.-Clerk	X			2,632.00	2,632.00
	Skeet, M.-Clerk	X			2,632.00	2,632.00
Salaries Para-professionals	To Be Employed		X	2,400 hrs.	@2.50/hr. 6,000.00	6,000.00
					Sub-Total Carried Forward	$128,820.35

Expense Class	Name & Title, Purpose or Item	Project Time		Quantity	Salary Rental or Unit Cost	Budgeted Amount
		Full	Part			
Contractual Services						
Psychiatric				133-1/3 hrs.	@30.00/hr $4,000.00	$ 4,000.00
Medical				20 hrs.	@25.00/hr 500.00	500.00
Evaluation Consultant	Dr. Michael Thompson			30 days	@100.00/day 3,000.00	3,000.00
Treatment Consultant	To Be Employed			50 days	@100.00/day 5,000.00	5,000.00

Sub-Total Carried Forward-$141,320.35

Travel						
Local Travel				15,000 mi.	@.10/mi. 1,500.00	1,500.00
Conferences						
Travel				14,000 mi.	@.10/mi. 1,400.00	1,400.00
Per Diem				30 days	@15.00/day 450.00	450.00
Consultations						
Travel				4,000 mi.	@.10/mi.	400.00
Per Diem				15 days	@15.00/day 225.00	225.00

Sub-Total Carried Forward- $145,295.35

Dissemination of Information	Postage, Materials & Supplies				1,000.00	1,000.00
Office Supplies					1,320.00	1,320.00

Total Amount Budgeted - $147,615.35

Expenditure Account No. 200 Instruction

Expense Class	Name & Title, Purpose or Item	Project Time Full	Project Time Part	Quantity	Salary Rental or Unit Rental	Budgeted Amount
Materials & Supplies	Test Materials					$ 200.00
	Consumable Materials					
	Books					150.00
	Workbooks					150.00
	Art Supplies					550.00
	Learning Aids					
	Games					250.00
	Toys					200.00
	Athletic Supplies					300.00
	Therapy Supplies					900.00

Total Budgeted Amount - 2,700.00

Expenditure Account No. 500 Pupil Transportation Services

Contractual Services Transportation	State-Approved Carrier to transport clients (students) to and from DLC					3,614.25

Total Budgeted Amount - 3,614.25

Expenditure Account No. 600 Operation of Plant

Heat, Light, Power						5,045.00
Custodial						2,700.00
Other Expense	Telephone					

Total Budgeted Amount - 7,745.00

Expenditure Account No. 800 Fixed Charges

Service Contracts	Office Machines			17 machines	@45.88 780.00	780.00
Salaries (Fringe Benefits)	Pension 9.5%				12,995.00	12,995.00
Professional	Hospitalization @5.58/month				725.00	725.00
Non-Professional	Pension 9.65%				1,235.00	1,235.00
	Hospitalization @5.58/month				225.00	225.00

Total Budgeted Amount - $15,960.00

Expenditure Account No. 1230 Capital Outlay (Equipment Only)

Description	Quantity	Unit Rental Cost Per Month	Project Period Rental Cost	Unit Purchase Cost	Total Cost
Office Equipment					
IBM Dictation Unit,Model 211	2	1,500.00	300.00	360.00	300.00
IBM Transcribing,Model 212	1	1,300.00	130.00	320.00	130.00
Tripods, TV camera #7076005	2			60.00	120.00
VTR Carts,Bretford,Model 29E	2			40.00	80.00
Microphone, Stenorette Dictation Unit	1			30.75	30.75
Microphone, IBM Dictation Unit	1			50.00	50.00
Instructional Equipment					
Tables,Round,48" Diam.adj.	2	not rentable		50.00	100.00
Easel	2	not rentable		20.00	40.00
Sand table,24" x 72"	1	not rentable		55.00	55.00
Kiln, Model 84SP,8x8x4½	1	not rentable		80.00	80.00
Trinket CE810	1	not rentable		22.00	22.00
Cabinet of Geometric Insets	2	not rentable		100.00	200.00
Set woodworking tools	1	not rentable		35.00	35.00
Portable chalk boards 4'x6'	4	not rentable		65.00	280.00
Gym Mats, 4'x8',vinyl cover,foam (Used for adult group therapy)	2			110.00	220.00
7' round consultation table	1	not rentable		300.00	300.00
Swivel side chairs w/castors	10	not rentable		60.00	600.00
Fiberglass stacking chairs assorted heights	20	not rentable		10.00	200.00
Balance, 1 beam, 8'	1	not rentable		68.00	68.00

Total Budgeted Amount - $2,910.75

Grand Total --------- $180,545.35

EVALUATION

APPENDIX B

Michael L. Thompson, Ed. D.
Northern Illinois University

1895

NORTHERN ILLINOIS UNIVERSITY
DEKALB, ILLINOIS 60115

Department of
EDUCATION
Administration and Services

Area Code 815
Telephone 753-1610

June 13, 1969

Mr. Stanley Kruger
Chief of Region 5
Division of Plans and Supplementary Centers
400 Maryland Avenue, S.S.
Washington, D.C. 20202

Dear Sir:

During the present academic year (1968-69) I have been retained as a research and evaluation consultant for Project No. OEG-6-1545-2, Diagnostic Learning Center, sponsored by the Arlington Heights Public Schools, District 25. The nature of assignment was to supervise and conduct a research and evaluation study of the above project. Because of the very nature of the program conducted by the Diagnostic Learning Center, much time was required to conduct as accurate a study as possible.

This research and evaluation project commenced in October 1968 and was concluded in June 1969. During this period of time, I worked with the Director and Associate Director of said project and his staff. The approach selected was to develop an evaluation design which provided us with a guideline and target date for completion.

Because the project was so extensive in scope, it was necessary to develop new instruments of an inquiry character, validation of same, and applied to collect data which was then directly connected to the work of the Diagnostic Learning Center.

Seven questions were asked of the hypothesis for this study. The results of compilations and statistical analyzation of the data enabled us to secure answers to all seven of the initial questions. Some of our findings indicated significant differences. Other data was very subjectively interpreted. However, greater than 90% of our pre and post test data did reveal an increase in a positive direction.

From the results of this extensive evaluation, certain recommendations were made and should be carried out in some manner by the directing district. The services of the Diagnostic Learning Center should not be allowed to phase out completely.

During my association with the Project Director, Mr. Stephen D. Berry, the Project Associate Director, Mr. Donald L. K. Wegener, and the staff of the Diagnostic Learning Center, I received excellent cooperation. Such cooperation was extremely important for as valid and extensive study as this. This project was not the work of just the research and evaluation consultant, but rather one of a team effort. I feel the results we have obtained are due to this fact.

In conclusion, I feel it may be said that the results which were compiled are accurate, unbiased, and of value to others attempting to develop evaluation guidelines for innovative projects.

Sincerely,

Michael L. Thompson

Michael L. Thompson
Professor and Director
Tests and Measurements Library
Northern Illinois University

MLT:kw

AN ANALYTICAL EVALUATION FOR THE PROJECT OF CORRECTING
LEARNING DIFFICULTIES OF CHILDREN IN GRADES ONE-TWELVE
THROUGH A COMPREHENSIVE CENTER FOR THE DIAGNOSIS AND
TREATMENT OF SEVERE LEARNING DIFFICULTIES, SUPPORTIVE
SERVICES AND MATERIALS, AND IN-SERVICE EDUCATION OF
THE CLASSROOM TEACHER - ARLINGTON HEIGHTS PUBLIC SCHOOLS,
DISTRICT 25 (APPLICANT), PROJECT NO. OEG-6-1545-2,
DIAGNOSTIC LEARNING CENTER

INTRODUCTION

Since 1966 the Diagnostic Learning Center staff has been providing a program which was designed to help alleviate severe learning problems of a selected group of kindergarten through twelfth grade children. The children identified and participating in the program were approximately two or more years behind academic potential and displayed the usual manifestations of the under-achiever.

The program initiated for the above classified child provided two initial services: (1) in-depth diagnosis; and (2) program development based upon that diagnosis into prescriptions and implementation of that prescription by the classroom teacher. The professional link between prescription and implementation was the Center's Learning Specialist. An eight month evaluation was conducted from October 1967 through June 1968 to determine the effectiveness of the diagnosis - prescription approach. This necessitated a compilation of accurate and up-to-date information through the use of multiple instruments, some standardized and some locally evolved.

Improvement was noted in several areas of development for the participating clients; however, very few of these observed changes resulted in significant modifications of learning behavior as a result of the diagnosis-prescription program of the Diagnostic Learning Center. A concurrence of this finding was also voiced by the DLC staff, all goals set for clients were not being met. It was also discovered that a large majority of these children were not ready for an academic approach to learning. A major recommendation emanating from the 1967-68 evaluation was to provide an opportunity for the Center's client to be brought up to this stage of readiness for the academic through a non-academic program consisting of a psychological approach and treatment for behavior disorders. Also, earlier efforts of modification for the 1967-68 program of the DLC has been in the direction of combining the staff competencies into a program which could be used for the Center's referrals. Two major findings were made: (1) The provision for therapy rests upon competencies different than those possessed by the present DLC staff, daily opportunity for treatment, strong parent involvement and effective communication with the school; (2) In those cases where a good working relationship and outside help (a psychiatrist) were present and where the competencies of the staff were sufficient, growth occurred.

On the basis of the experience of the Center's staff during the past two years and the Part I evaluation, the proposal procedure for the current year (1968-69) was modified for greater emphasis on the approach to the child and to the parent. This modification would be brought about through employment of treatment specialists who would be responsible for initiating under the direction of the treatment team, a therapy oriented program for children, parents, and teachers.

The new emphasis for children would be in individual and group play, therapy, psychodrama, etc. Emphasis for parents would lie in individual and group counseling and therapy. Teachers would be provided with data which would guide them in their approach to the child and to the parents. Further emphasis for teachers would be made in the area of in-service education by the employment of two full-time in-service specialists to carry out in depth the program initiated this year (1968-69).

As stated above, it was believed important to bring students up to a state of readiness for the academic through a non-academic program consisting of a psychological approach and treatment for behavior disorders.

The educational services offered by the Diagnostic Learning Center draw to the Center a variety of school adjustment and learning problems. This made it imperative to add an approach which offered an opportunity for early intervention prior to a more serious disturbance and breakdown. In addition to academic assistance presently provided by the Center, data gathered from our program supported the need for early intervention. The following research studies support the concept that when psychological therapy is instituted into the total program, positive growth will be shown in the social, academic, and physical spheres.

It is the goal of therapy to effect basic changes in the intra-psychic equilibrium of each patient. Through relationship, catharsis, insight, reality testing, and sublimation, therapy brings about a new balance in the structure of the personality, with a strengthened ego, modified super-ego, and improved self-image.

A study by Levi and Ginott on the effectiveness of therapy with children compared the improvement rate of a group of treated children with the remission rate of a controlled group of untreated children. Of 314 children treated in a child guidance clinic, 55% were considered improved and 45% unimproved at the close of treatment (improvement was defined as a disappearance of presenting symptoms). The controlled group consisted of 300 children whose parents failed to complete intake procedures. 59 of these parents reported the reason for their defection to the alleviation of the child's presenting symptom. In other words, the remission rate of this group was 20%. A comparison between the improvement rate of the treated group and the remission rate of the controlled group is the measure of effectiveness of therapy.

Dorfman has made an objective and adequately controlled investigation of the outcome of planned centered individual therapy. The main hypothesis of the study was that the personality changes occur during the therapy period but do not occur in the same child during a no therapy period and do not occur in controlled cases. There were two subsidiary hypothesis:

1. therapy can be conducted by an outsider in the school setting;
2. child therapy is possible without parent treatment.

The experimental groups consisted of 12 boys and 5 girls, ages 9 to 12, of average intelligence, who were considered maladjusted by their teachers. The experimental design was of the pretest - post-test variety. The experimental group was tested four times. All the children in the experimental group were seen by the investigator in individual therapy. The average number of sessions was 19. Ten out of 17 cases were considered successful by the investigator. Results of the study supported Dorfman's main and subsidiary hypothesis:

1. reliable tests show that improvement occurs concomitantly with a series of therapy sessions. Time alone does not produce reliable improvement on tests. Although individuals may show "spontaneous remission", the group as a whole does not.

2. despite the emotional dependence of a child upon parents, therapy improvement occurs without parent counseling.

3. effective therapy can be done in a school setting. Dorfman's investigation is a well-controlled study of personality outcomes of therapy.

Virginia May Axline states that "therapy does not raise the intelligence of children in therapy but rather that the emotional relief obtained in therapy enables them to express more adequately their true capacities".

Bills investigated the effects of therapy on maladjusted, retarded readers. Reading tests were administered four times; six weeks prior to therapy, immediately before therapy, following therapy, and six weeks after therapy. Each child served as his own control. The changes in test scores during a no-therapy period were compared with those during a therapy period. Significant gains were evident during the therapy period as compared with the preceding controlled period. Bills repeated his study with a group of well-adjusted retarded readers but found no improvement in their reading ability. He concluded that the gains in reading in the first study were related to the children's improvement and personal adjustment. Therapy may be helpful to retarded readers who are emotionally disturbed; and may not be preferential treatment for all retarded readers.

It was concluded from these studies that psychological therapy is shown to be not an insurance against future ill health, but an aid to currently better functioning of the child. In this, it is like many other medical therapies which do not seek their major justification in long-run results but in current cures or modifications of unpleasant and handicapping conditions.

Problem

Predicated on past experience when therapy and academic tutoring are combined the most effective results occur. Therefore, the Program added psychotherapy and increased parent involvement. The purpose of this study

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Axline, Virginia May, Play Therapy, Houghton Miflin Co., 1947
Ginott, Haim, Levi, Dorfman, Bills, Group Psychotherapy with Children,
McGraw-Hill Book Company, Inc., 1961
Tate, George, Strategy of Therapy, Springer Publishing Company, Inc., 1967
Wolberg, Lewis R., Short-term Psychotherapy, Grunen Stratton Publishers, 1965

was to determine if the program modification of the DLC for the school year 1968-69 was effective.

This second phase of a major evaluation was made because the need still exists for descriptions of identifying criteria, effective diagnostic techniques, remedial innovations, and in-service dissemination back to teachers in the typical classroom. With this determination clearly in mind then, the purpose of Evaluation Part II project was to analyze the modified program procedures utilized in the Diagnostic Learning Center (OEG-6-1545-2) (1) to identify the candidates for the DLC; (2) for diagnostically testing in subject matter; (3) in psychological and medical testing; (4) in directed child and parental therapy; (5) to involve other community agencies in making diagnosis; (6) in providing in-service training of teachers of children recommended to the DLC; (7) in developing techniques to involve parents in the program; and, (8) finally to analyze the overall success of the effectiveness of the DLC's program based upon the aforementioned factors.

Objectives

The Diagnostic Learning Center project is innovative in design and aimed at a complete examination of the student's learning difficulties. Each child constitutes a sub-project within the program, and, therefore, must have developed for him an individualized remediation plan. Following is a summarization of the Diagnostic Learning Center's project objectives: (1) to provide comprehensive diagnostic services for children having severe learning problems in grades one-twelve; (2) to provide psychological and medical testing service for children having severe learning problems; (3) to provide directed psychoeducational therapy and remediation for children having severe learning problems; (4) to discover the effectiveness of concentrated study on children's learning behavior; (5) to develop a model service center in cooperation with other well-developed special education programs, which can be used by other areas as an example for specialized instructional services; (6) to develop a system of in-service education which will provide classroom teachers with the skills necessary to provide for children with severe learning problems; and, (7) to provide directed therapy and counseling for parents of the DLC's clients.

Specialists were employed as a principal method of obtaining these objectives. Varied diagnostic and related services which they could provide served as criteria for their selection.

Definition of Terms

1. Director - The director of the Center has a broad background and experience in teaching, administration, supervision, research and evaluation. He is knowledgeable in the areas of counseling services, testing, analysis of learning difficulties, and has a broad background in providing services for children with learning problems. He is skilled in the management of a program which focuses on individuals and their problems and allocation of resources for the solution of these problems. His responsibilities are to direct and manage all phases of the Center's progress, develop community relations, evaluate and research, budget and disseminate information.

2. Associate Director - Has experience in the administration of school programs including a working knowledge of pupil personnel services. He coordinates and supervises the efforts of certificated staff members. His responsibilities also include maintaining communication between the school, home, and the Center, as well as a system of inter-district communication. He

assists the staff in the development of a successful instructional program for the client; assists the Director in the preliminary development of budget in addition to assisting with the design and implementation of an evaluation program for the Center. The Associate Director also secures psychiatric and/or medical consultation for clients when indicated and facilitates articulation between the Center and other cooperative area programs.

3. Psychologist - The psychologist is a qualified psychological examiner with a strong background in child study. He has training and experience in dealing with children and adults, social and emotional problems and the application of treatment to meet the needs of these individuals. He studies the client clinically by administering individual psychological tests. A personality assessment is made, drawing upon health, school, home, and psychological data. Emphasis is placed upon a study of the personality characteristics of the client and how they relate to the client's learning problems. His findings and recommendations are related to the selection of instructional methods and are shared with the other team members. He establishes a point of view in determining the client's learning problem. He makes a prognosis as to the success of the case based on his evaluation of the client's disability. He also participates directly in treatment for parents and children.

4. Guidance Counselor - The guidance counselor is trained in securing and analyzing family data. He secures additional information from academic and anecdotal records, personal data forms and records of past experiences. He develops a harmonious relationship with the parents in order to provide a link between the parents and the Center. He makes specific recommendations

to the parents. As individuals or as groups, the guidance counselor works with these parents to overcome factors which are detrimental to the child.

5. Diagnostician - The diagnostician is trained in the clinical study of a child's academic problem. He tests each client in the areas of hearing, vision and physical defects. When a client shows deviation from the expected areas on these tests, a recommendation is made to the parents to seek further assistance. The diagnostician administers standardized tests and informal surveys as deemed appropriate. He interprets the test data and is involved in the team's consultation and development of a remediation plan. He assesses aptitude and potential for the subject areas. The instructional level of the client is determined and specific strengths and weaknesses are identified by analytical measures. He has a broad background in prescription for special educational problems and is aware of the many approaches and materials available for overcoming these problems. He uses an experience-based approach to diagnosis, such as using a wide variety of materials to partially test diagnosis prior to treatment.

6. Treatment Specialist - The treatment specialists have a broad background in providing an individual or group therapeutic approach to both children and adults. In consultation with the team, individually tailored programs are developed. These programs offer the best opportunity for a child to overcome emotional problems which cause misalignment in the school setting. They develop programs from which teachers and parents profit in their dealings with the child and the child's progress. They treat individually and in groups, both children and parents, using the resources of the Center, school and the community.

7. Learning Specialist - The learning specialist is a master teacher with in-depth knowledge in subject matter, learning theory, and child growth and development. They assist in the diagnosis, prescription, and the development of remediation programs. They assist teachers in both subject matter and learning theory, translate the diagnosis and prescription into an on-going educational program. They experiment with various instructional media to determine what will work with a particular child and programs these instructional materials to assure a continuity of development. They assist the classroom teacher in carrying out and evaluating an instructional program for the child and translates the evaluation into an adaptation of the child's program to meet this changing needs.

8. In-Service Specialist - Has had successful classroom teaching experience and could be considered a master teacher. They are trained in group process and have experience in working with adults. The in-service specialist conducts seminars for both teachers and parent groups; assists the Director in developing in-service programs for the Center's staff; and develops model programs which could be adapted by others. They also develop instruments to measure the effectiveness of the seminars.

9. Group Therapists - The therapist is an individual specially trained in the technique of treating adults and children in groups. In a clinical setting group therapy will have been recommended as the treatment of choice or supplement an individual therapeutic approach. The group therapist's task is to enhance group interaction to a point it becomes clear to the client how his behavior toward others affects his relationships or his performance. Thus, a child may be helped to become more aggressive in a group situation with a goal of being able to be more reaching out in a learning situation. Or, he

might be helped to develop insight that his attitude toward parental authority has affected his relationship with teacher or other authority figures and that unknowingly he is defeating his own purposes. In some groups the therapist's role will be primarily that of educator and clarifier-discussing with parents methods of discipline, child development, sex education, allowances, hours, etc.

10. Paraprofessionals - Any person who has a special skill or area of academic training; who relates well to children and qualifies as a paraprofessional according to state guidelines may be employed temporarily as such. The primary function of this person is to fill the voids in staff preparation and assist in meeting the special needs of any client of the Center if that need cannot be met through regular staff members. This person may have special ability in music, art, mechanical skill, or a strong science background.

11. Diagnostic Team - Is composed of the staff psychologist, guidance counselor, academic diagnostician and learning specialist. The team is responsible for evaluating information gained from the diagnosis, developing a prescription for overcoming the learning difficulty, and enhancing communication between the in-service, treatment and diagnostic teams.

12. Therapy or Psychoeducational Therapy - A combination of the disciplines of sound psychological and educational practice to form a wholistic approach to specific learning problems.

13. Remediation - Special instruction intended to overcome in part or whole any particular deficiency of a pupil not due to inferior general ability; for example, remedial reading instruction for pupils with reading difficulties.

3

14. Treatment Team - Is composed of (based on need may include all or only one of the following): a psychologist, treatment specialist, learning specialist, paraprofessionals. This team determines an appropriate course of action for each child; determines the use of resources of the Center (both professional and physical); and set goals for each child both short range and long range.

15. In-Service Team - Provides an increase of service for "in-service" education. This increase is accomplished by a team of two full-time in-service specialists who provide seminars for teachers, parents, administrators, and staff of DLC. Topics include self-evaluation, establishing behavioral goals, ways to provide for children with severe learning problems, development of model programs and techniques of measuring.

16. Severe Learning Problem - This term is briefly defined by the following criteria which must be true of a child in order for him to qualify for the services of the DLC:

*a. A child must be two years below anticipated grade level based upon a standardized test of achievement and/or teacher's judgment. Anticipated grade level must be computed from the most recently administered standardized test of intelligence. The teacher's judgment must be supported by corroborating evidence, e.g., example of the child's work, place in reading, etc.

b. Present evidence that (1) his characteristics reflect considerable personal conflict with himself and his environment; (2) his academic and social aspirations have become increasingly unrealistic; (3) he has been poorly motivated by home and/or school and/or (4) overall school achievement is lacking.

c. Display evidence that he does not qualify for a physically or mentally handicapped program.

*(Children in Grade 2 and below may be eligible even though they do not meet this criterion. The District Coordinator or parochial school principal should discuss the referral with the DLC director prior to admission.)

Denying Mother. These women consistently deny the existence of an emotional problem on the part of their child. They blame his difficulties on a physical handicap, poor teachers, etc. Essentially they are denying responsibility for the child's problems. The technique of treatment is essentially the same as with the superficial fathers, with more emphasis placed on the mothers' poor ego defenses and unwillingness to accept and to help the child accept the presence of the real problem. The final objective is to solicit the mother's support of the child's treatment program rather than to sabotage it.

Parent Education and Support. These are "catch all" groups which have heterogeneous problems. Many parents are simply bewildered by conflicting advice, the demands of the environment, and are overwhelmed by the task of being parents. Most of the techniques used consist simply of education of routine parent handling, consistent management, interpretation of childhood behavior correlating it with psychosexual development. Meaningful parent involvement is urged versus quantitative involvement which tends to fulfill parent's narcissistic needs.

CHILD THERAPY GROUPS

Teenage Boys. This is essentially group therapy in which the group shares conflicts, especially with school and parents, and yet derive ego strength from each other. Activity is minimal and verbal interaction is the primary therapeutic vehicle. This is a noisy, resistive group which requires an experienced adolescent therapist.

Girls' Activity Group. This is a group of girls who need social interaction with other girls their own age. The approach is in terms of recreational, athletic, artistic, etc., activities that provide enjoyment and foster social interaction and cooperation.

Girls' Socialization Group. This is a therapy group for young teenage girls who feel inadequate and are depressed or withdrawn. The goal is to improve self-concept and ability to form interpersonal relationships. The approach is to discuss grooming, fashions, dating, and the more basic interpersonal problems of adolescents (independence, peer acceptance, sex, etc.).

Boys' Activity Group. This group is designed to help stimulate social interaction among passive, withdrawn, and inhibited children, and to develop internal control in group situations in aggressive, acting-out, hostile children. It also helps the child learn how to meet individual needs through group interaction. Techniques will vary from group to group and may range from sedentary (handicraft or model building) to physical activities (ballgames, boxing, competitive sports).

Individual therapy was also provided for parent and child when such recommendations were made by the DLC staff. Several parents were not involved in either regular individual or group sessions. Some parents were placed in either regular individual or group sessions. And, a small group of parents were not involved in either regular individual or group sessions but it was recommended to them.

The child treatment program consisted of the following:

1. Psychotherapy only.
2. Psychoeducational only.
3. One and two combined.
4. Teacher consulting only.
5. Activity group.

Questions and/or Hypothesis. The hypothesis assumed has been that diagnostic study coupled with one or more of the following: academic remediation, specific child therapy, intensive follow-through in the areas of in-service education of teachers of children with severe learning problems, and parent counseling and therapy in correction of family dynamics will show that there is a significant improvement in academic achievement, in social behavior, and/or in attitude toward learning. The questions to which answers have been sought are:

1. Has specific or significant improvement in achievement occurred upwards?
2. Has the Center been able to reduce the emotional problems of the DLC clients?
3. Has a change in attitude toward learning on the part of the clients been positive?
4. What effect has the services of the DLC had on the attitude of the classroom teacher towards the DLC?
5. Have teachers found the in-service training program helpful?
6. What effect has the cooperative effort of the DLC in working with children with severe learning problems had on their parents attitude toward the Center's Program?
7. Have parents found the DLC Parent Therapy Program helpful?

Sample Included in Study. Those students who have been in the program for greater than three months, who did not meet the criteria for inclusion in programs provided by the well developed special education authority, and for whom sufficient data was accumulated to justify pre and post test comparison were included. The sample included Grade 1, 2 students; Grade 2, 2 students; Grade 3, 6 students; Grade 4, 10 students; Grade 5, 12 students; Grade 6, 8 students; Grade 7, 11 students; Grade 8, 7 students; Grade 9, 4 students; no students from Grade 10; Grade 11, 3 students; and 2 ungraded students for a total of 67, 56 boys and 11 girls.

The sample according to Family Income Level may be seen in the following breakdown:

	Male	Female
0) less than 5,000	0	1
1) 5,000 to 10,000	9	2
2) 10,001 to 15,000	10	1
3) 15,001 to 20,000	5	2
4) 20,001 to 25,000	4	1
5) more than 25,000	0	1
6) unknown	28	3
	56	11

The sample of teachers included three groups: (1) teachers with students in the DLC program and attending DLC in-service programs; (2) teachers with students in DLC program but not attending the DLC in-service program; and (3) teachers without students in the DLC program but attending DLC in-service programs.

All parents of the sample population of this evaluation were polled.

Type of Data Collected:

The following instruments were used to reflect data of the pre and post-test variety.

Clients

Reading Achievement Tests

1. Gray Oral
2. Gates-McGinitie
3. Gates-Basic Reading
4. Silent Reading Diagnosis
5. McCall-Crabb Standard Reading
6. Wide Range Achievement
7. Cooperative English Tests
8. Monroe Sherman Reading Aptitude and Achievement
9. Metropolitan Achievement

Arithmetic Tests

1. Los Angeles Fundamentals of Arithmetic - Form 1
2. Metropolitan Achievement
3. Wide-Range Achievement
4. Iowa Test of Basic Skills
5. Monroe-Sherman Reading Aptitude and Achievement

These tests were used in various combinations for the individual.

Parents

1. Evaluation of Parent Program (questionnaire)
2. Parent Inquiry (questionnaire)
3. Evaluation of DLC (questionnaire)

Teachers

1. Evaluation of In-Service Program (questionnaire)
2. Teacher Inquiry (questionnaire)
3. Evaluation of DLC questionnaire)

Statistical Analysis. The statistical techniques used in this study to analyze the data were:

1. Chi-square X^2
2. Percentage

The alpha level of significance used to test the Null-Hypothesis was .05, and an additional check against .01.

Duration of Study and Evaluation. This study and evaluation began in October, 1968 and was concluded June, 1969, a period of 9 months. However, this is not the actual length of time the project was in operation.

Employment of Evaluation Consultant. This comprehensive study was initiated through the engagement of an evaluation consultant from Northern Illinois University, Michael L. Thompson, Professor of Education, whose substantive background is research and evaluation.

Construction of Informal Inquiry Forms (Questionnaires). This construction was accomplished by the staff of the DLC in consultation with Dr. Thompson. After several revisions these inquiry forms were submitted to the consultant for advice. These forms were then returned to the DLC staff for their final approval and use in collecting data.

Construction of Research Paradigm. After extensive consultation with the Director and staff of the DLC, the Evaluation consultant designed a pilot paradigm. This step was again followed by an extensive consultative period which ended in the paradigm being approved.

Chapter II

PROCEDURE FOR COLLECTING DATA

The Program provided by the DLC was unique, diverse and complex, and several methods were required to collect data. These methods were highly precise in some instances and highly subjective in others. Clarification of these methods may be made by referring to Chapter I where we briefly listed the instruments applied in the accumulation of data, formal standardized tests and informal Diagnostic Learning Center instruments.

Following are the procedures used in collecting data for the evaluation sample.

1. The staff of the Diagnostic Learning Center compiled a list of psychological characteristics. Each diagnostic team assigned to a client indicated the behavioral characteristic possessed by the client. The purpose for collecting the data was to make available information on the characteristics which influenced in a negative manner the clients behavior in a learning situation.

2. The staff of the Diagnostic Learning Center compiled the standardized achievement test results in the area of reading and arithmetic. These results were generally taken from the initial testing during diagnosis and at the end of the academic year or to provide data for a pre and post-test situation for an evaluation of the DLC Program such as this report contains therein. This was done to look at the basic achievement of the client.

3. The attitudes of teachers with clients in the Diagnostic program, parents of clients in the DLC program, parents in the Parent Therapy program

of the DLC, and teachers in the in-service program of the DLC, were surveyed by instruments compiled by the DLC staff and evaluated by the evaluation consultant in conference with other university personnel. The purpose of this procedure was to evaluate the effectiveness of the program designed by the DLC staff which would benefit the parents and teachers of the clients directly associated with the program of the DLC.

4. An adjustment inventory was developed by the DLC staff during its first year of operation. This inventory is included with each referral received by the Center. This inventory was modified and used as two separate instruments to ascertain changes in emotional adjustment and attitude towards the school by the client. Twelve items were used in the emotional adjustment section, and six items were developed for use in determining any attitudinal changes toward the school as a result of participating in the program provided by the DLC.

6. Where appropriate, a statistical analysis was used and considered necessary to ascertain whether or not any observed changes which occurred were more than on a chance basis. The premise for the analysis was to provide valid assessment of the part the DLC program played in affecting change which would modify or alleviate severe learning problems on the part of the Center's clients.

In a program such as that provided by the DLC it was considered to be very important that certain substantive goals be used as a basis for determining the success of the functions of this project. The procedures indicated in this chapter are believed to provide the staff of the DLC with valid data which will be used to determine the attainment of its goals currently.

Chapter III

ANALYSIS OF DATA

The data collected as a result of this evaluation consisted of the following:

Diagnostic Team

TABLE I

Behavioral Characteristics of Clients Identified By
The Diagnostic Learning Center Diagnostic Team

Psychological and/or Descriptive Diagnosis

Column (1)

1. Passive-aggressive personality
2. Passive-dependent type
3. Severe ego deficiency
4. Passive personality
5. Compulsive personality
6. School phobic
7. Chronic depression
8. Inadequate personality
9. Depressive reaction
10. Anxiety reaction
11. Schizoid reaction
12. Brain-injured
13. Burned child reaction
14. Minimal intellectural retardation
15. No known psychological disorder
16. Adjustment reaction of childhood
17. Immature personality
18. Psycho-physiologic disorder with social retardation
19. Identity problem
20. Inadequate ego development
21. Transient situational personality disorder of childhood
22. Specific symptomatic reaction learning disability
23. Possible perceptual handicap

Column (2)

24. Anxiety reaction (with environmental restrictions)
25. Potential school phobic
26. Schizoid personality
27. Maturational lag
28. Obsessive-compulsive reaction
29. Perceptual handicap
30. Paranoid trends
31. Adolescent situational reaction
32. 1 and 4
33. 1 and 6
34. 1 and 2 and 9
35. 19 and 9
36. 19 and 20
37. 2 and 30
38. 1 and 10
39. 8, 9, 10 and 12
40. 2, 8, and 9
41. Schizophrenic
42. 1 and 5
43. Chronic brain syndrome
44. Dissocial reaction
45. 8 and 14
46. Personality pattern disturbance
47. 1, 4 and 9
48. Pre-psychotic personality with free floating anxiety

Purpose

The purpose of Table I was to show the wide diversity of Psychological and/or descriptive Diagnosis characteristics identified by the Diagnostic Team of the DLC. It should be noted that these descriptions are being reported for approximately 67 clients. Many clients possessed a combination of these characteristics and the frequency of the same characteristic or diagnosis being the same for two or more clients was extremely low. This point is emphasized to remind teachers that the incidence of any two students in the class, whether troubled or not, experiencing the same adjustment problem, emotional, or psychological disturbance, will be highly unlikely. The diversity of behavioral problems does create a serious situation for districts because greater demands must be made for services to alleviate such.

Achievement

Arithmetic. Table 2 contains eight columns of information.

Column 1 is the number given to each student in the sample rather than his or her name.

Column 2 contains a code number which the legend indicates how many months the client had been in the program.

Column 3 is coded and indicates whether or not there was parent involvement in the DLC parent program.

Column 4 is coded and indicates whether or not there was teacher involvement in the DLC in-service program.

Column 5 denotes the grade level of the client.

Column 6 is the grade equivalent norm of the student on the pre-test in arithmetic achievement.

TABLE 2

Arithmetic Achievement Test, Pre- and Post-Test Difference

(1) Student No.	(2) No. of Mos. in DLC Program	(3) Parent Involvement	(4) Teacher Involvement	(5) Grade Level of Student	(6) Pre-Test	(7) Post-Test	(8) Pre- and Post-Test Difference	(1) Student No.	(2) No. of Mos. in DLC Program	(3) Parent Involvement	(4) Teacher Involvement	(5) Grade Level of Student	(6) Pre-Test	(7) Post-Test	(8) Pre- and Post-Test Difference
1	3	1	0	6	3.1	5.8	2.7	35	3	1	1	4	3.0	3.5	.5
2	3	1	0	6	4.2	5.5	1.3	36	3	2	0	9	5.6	6.7	1.1
3	3	1	1	11	0	3.8		37	3	1	0	3	2.2	3.3	1.1
4	3	1	0	4	2.6	0		38	3	2	0	7	5.4	5.6	.2
5	3	1	1	4	0	4.0		39	2	1	0	8	3.4	5.4	2.0
6	3	2	1	5	3.9	5.3	1.4	40	3	1	0	7	3.8	1.0	-2.8
7	3	1	0	5	0	5.2		41	3	1	0	7	5.0	5.6	.6
8	3	2	0	7	0	8.5		42	2	1	0	5	4.1	0	
9	3	2	0	5	4.2	5.1	.9	43	2	0	0	8	8.7	8.6	-.1
10	3	0	0	7	3.9	4.2	.3	44	2	1	0	1	1.0	2.0	1.0
11	3	1	1	4	2.6	3.8	1.2	45	2	2	1	7	6.0	5.3	-.7
12	3	1	0	5	0	3.6		46	2	0	0	3	2.0	0	
13	3	1	0	7	5.2	6.2	1.0	47	2	1	1	5	3.4	4.6	1.2
14	3	1	0	3	2.2	3.7	1.5	48	2	0	0	5	4.2	4.5	.3
15	3	1	0	5	3.8	0		49	2	1	1	3	2.7	3.5	.8
16	3	1	0	5	2.4	4.1	1.7	50	1	0	0	4	0	3.9	
17	3	2	0	6	4.2	4.6	.4	51	3	0	0	4	0	0	
18	3	2	1	8	5.6	5.1	-.5	52	2	0	0	6	3.4	3.7	.3
19	3	2	1	7	4.7	4.4	-.3	53	1	0	0	5	3.6	4.2	.6
20	3	0	0	3	2.5	3.6	1.1	54	2	0	0	7	5.1	6.2	1.1
21	3	1	0	4	2.9	4.1	1.2	55	1	0	0	11	6.4	0	
22	3	1	1	7	4.7	4.4	-.3	56	1	0	0	6	0	6.8	
23	2	1	0	8	7.0	6.7	-.3	57	2	1	1	2	1.2	1.7	-.5
24	3	0	0	8	5.0	4.6	-.4	58	2	0	0	11	7.6	7.5	-.1
25	3	1	0	8	5.0	0		59	1	0	0	5	0	0	
26	3	2	0	7	4.9	4.5	-.4	60	1	0	0	6	5.2	4.6	-.6
27	3	0	0	2	1.1	2.3	1.2	61	1	0	0	4	0	3.9	
28	3	1	0	3	2.1	3.3	1.2	62	2	0	0	9	7.7	9.5	1.8
29	3	2	1	4	2.8	3.8	1.0	63	1	0	0	8	0	0	
30	2	1	0	4	3.4	4.1	.7	64	2	0	0	5	0	0	
31	3	0	0	U	1.6	0		65	2	0	0	1	0	0	
32	3	1	0	9	4.9	5.2	.3	66	1	0	0	9	0	0	
33	3	2	1	6	4.3	4.3	.0	67	1	0	0	U	0	0	
34	3	2	1	6	5.4	6.0	.6								

Months in Program

1. 3-6 mos.
2. 6-9 mos.
3. 9 or more mos.

Parent Involvement

0. Parents not involved in either regular individual or group sessions.

1. Parents involved in either regular individual or group sessions.

2. Parents not involved in either regular individual or group sessions, but it was recommended to them.

Teacher Involvement

0. Teacher in in-service program.

1. Teacher not in in-service program.

Column 7 is the grade equivalent norm of the student on the post-test in arithmetic achievement.

Column 8 shows the difference between the pre and post-tests grade equivalents.

The far right column is a literal interpretation of the codes used in columns 2, 3, and 4.

Pre-test data, post-test data, and pre and post-test data was not available for all 67 of the client sample. However, any information reported was included to give the reader as complete a picture as possible. Occasionally data was not available for some students, or some did not report for a test, or some clients displayed such an attitude that, testing was not considered feasible by the DLC staff. Complete data was reported for 45 clients in Table 2 and the measure of effectiveness may be seen by a pre and post-test difference in column 8. Of these 45 students, 33 or 75% showed a positive increase in arithmetic achievement; one (#33) had no increase; and 12 or 26% showed a very small decrease as indicated by a minus-sign before the differential figure, however, most of these decreases were so small they could be interpreted as due to chance effects except for student #40 who showed a -2.8, but was reported as almost totally indifferent while receiving the post arithmetic achievement test.

Of the students who had taken both tests, and had both parent and teacher involved in the DLC program, 14 had a positive increase and 2 a negative decrease, with just parent involved in the DLC program, 4 students had a positive increase and 2 a negative decrease; with just a teacher in the DLC program, 4 students showed a positive increase and one a negative decrease; without the parent or teacher in the DLC program, 4 students showed a positive increase, 4 a negative decrease, and 1 a 0 difference.

Of the students with different time lengths in the DLC program, those with 3-6 months, 1 had a positive increase and 1 a negative decrease; those with 6-9 months, 9 had a positive increase and 4 a negative decrease; those with 9 or month months, 22 had a positive increase, 6 a negative decrease and 1 a 0 difference.

Of students who had taken both tests, had both parent and teacher in the DLC program, and most time in the program, 9 had a positive increase and 1 a negative decrease.

Of students who had taken both tests, had both parent and teacher in program and 609 months in the DLC program, 2 had a positive increase and 1 a negative decrease.

Of students who had taken both tests, had both parent and teacher in program and least amount of time in the DLC program, no test data was available.

From the data contained in Table 2, it is apparent that students who had taken both tests, had both parent and teacher involved in the DLC program, and spent the most time in the program, showed the most consistent positive increase and fewest negative decreases in arithmetic achievement than the other groups. Also, it may be considered excellent that 75% showed a positive achievement in arithmetic regardless of what combination of variables is used. The effectiveness of the DLC program for these groups is supported concretely by this table. In fact, it may be stated that with this kind of program provided by the DLC a positive improvement may be predicted for the majority of the Center's clients.

Reading. Table 3 contains eight columns of information.

Columns 1-5 contain the same information as the first five in Table 2.

Column 6 is the grade equivalent norm of the student on the pre-test in reading achievement.

TABLE 3

Reading Achievement Test, Pre- and Post-Test Difference

(1) Student No.	(2) No. of Mos. in DLC Program	(3) Parent Involvement	(4) Teacher Involvement	(5) Grade Level of Student	(6) Pre-Test	(7) Post-Test	(8) Pre- and Post-Test Difference	(1) Student No.	(2) No. of Mos. in DLC Program	(3) Parent Involvement	(4) Teacher Involvement	(5) Grade Level of Student	(6) Pre-Test	(7) Post-Test	(8) Pre- and Post-Test Difference
1	3	1	0	6	5.1	5.3	.2	35	3	1	1	4	2.1	3.9	1.8
2	3	1	0	6	1.8	2.7	.9	36	3	2	0	9	7.9	11.6	3.7
3	3	1	1	11	3.4	3.5	.1	37	3	1	0	3	1.5	1.9	.4
4	3	1	0	4	2.1	0		38	3	2	0	7	5.9	8.3	2.4
5	3	1	1	4	3.0	4.2	1.2	39	2	1	0	8	5.1	6.7	1.6
6	3	2	1	5	2.2	2.7	.5	40	3	1	0	7	2.5	2.3	-.2
7	3	1	0	5	2.2	3.4	1.2	41	3	1	0	7	4.4	4.5	.1
8	3	2	0	7	5.4	5.2	-.2	42	2	1	0	5	3.8	0	
9	3	2	0	5	3.6	4.2	.6	43	2	0	0	8	4.7	7.9	3.2
10	3	0	0	7	3.9	4.5	.6	44	2	1	0	1	1.0	1.4	.4
11	3	1	1	4	2.5	3.2	.7	45	2	2	1	7	2.7	2.7	.0
12	3	1	0	5	3.2	3.1	-.1	46	2	0	0	3	1.4	0	
13	3	1	0	7	5.2	8.3	3.1	47	2	1	1	5	2.8	3.0	.2
14	3	1	0	3	2.8	2.9	.1	48	2	0	0	5	2.7	2.9	.2
15	3	1	0	5	2.6	0		49	2	1	1	3	1.8	2.2	.4
16	3	1	0	5	3.8	3.9	.1	50	1	0	0	4	1.6	1.5	-.1
17	3	2	0	6	1.9	3.0	1.1	51	3	0	0	4	0	0	
18	3	2	1	8	6.1	6.8	.7	52	2	0	0	6	2.9	4.1	1.2
19	3	2	1	7	4.7	4.0	-.7	53	1	0	0	5	2.0	2.4	.4
20	3	0	0	3	1.8	2.4	.6	54	2	0	0	7	3.5	4.3	.8
21	3	1	0	4	2.6	3.9	1.3	55	1	0	0	11	7.7	0	
22	3	1	1	7	5.7	6.5	.8	56	1	0	0	6	4.0	5.3	1.3
23	2	1	0	8	9.7	10.2	.5	57	2	1	1	2	1.4	2.5	1.1
24	3	0	0	8	3.3	3.8	.6	58	2	0	0	11	8.2	8.6	.4
25	3	1	0	8	7.2	8.1	.9	59	1	0	0	5	4.6	0	
26	3	2	0	7	4.9	4.3	-.6	60	1	0	0	6	5.8	6.5	.7
27	3	0	0	2	1.2	3.1	.9	61	1	0	0	4	4.0	5.9	1.9
28	3	1	0	3	1.4	1.5	.1	62	2	0	0	9	11.9	8.3	-3.6
29	3	2	1	4	1.9	2.8	.9	63	1	0	0	8	0	0	
30	2	1	0	4	2.7	3.6	.9	64	2	0	0	5	0	0	
31	3	0	0	U	1.4	0		65	2	0	0	1	0	0	
32	3	1	0	9	3.9	3.0	-.9	66	1	0	0	9	0	0	
33	3	2	1	6	5.3	5.9	.6	67	1	0	0	U	0	0	
34	3	2	1	6	5.1	6.0	.9								

Months in Program

1. 3-6 mos.
2. 6-9 mos.
3. 9 or more mos.

Parent Involvement

0. Parents not involved in either regular individual or group sessions.
1. Parents involved in either regular individual or group sessions.
2. Parents not involved in either regular individual or group sessions, but it was recommended to them

Teacher Involvement

0. Teacher in in-service program.
1. Teacher not in in-service program.

Column 7 is the grade equivalent norm of the student on the post-test in reading achievement.

Column 8 shows the difference between the pre and post-tests grade equivalents.

The far right column is a literal interpretation of the codes used in columns 2, 3, and 4.

Pre-test data, post-test data, and pre and post-test data was not available for all 67 of the client sample. However, any information reported was included to give the reader as complete a picture as possible. Occasionally data was not available for some students, some did not report for a test, or some clients displayed such attitutdes that testing was not considered feasible by the DLC staff.

Complete data was reported for 54 clients in Table 3 and may be seen by a pre and post-test difference in column 8. Of these 54 clients, 46 or 85% showed a positive increase; one student (#45) had no increase; and 7 or 13% showed a very small decrease as indicated by a minus-sign before the differential figure; however, most of these decreases were so small when they were compared to the increases that they may be interpreted as due to chance effects except for student #62 who showed a -3.6, but was reported as having an abnormally high anxiety level while receiving the post reading achievement test.

Of the students who had taken both tests, and had both parent and teacher in the DLC program, 15 had a positive increase, and 3 a negative decrease, with just parent involved in the DLC program, 7 students had a positive increase and no negatives; with just a teacher in the DLC program, 17 students showed a positive increase and four a negative decrease; without parent or teacher in the DLC program, 5 students showed a positive increase, 1 a negative decrease, and 1 a 0 difference.

Of the students with different time lengths in the DLC program, those with 3-6 months, 4 had a positive increase and 1 a negative decrease; those with 6-9 months, 9 had a positive increase, 1 a negative decrease and 1 a 0 difference; those with 9 or more months, 29 had positive increases and 6 had negative decreases.

Of students who had taken both tests, had both parent and teacher in the DLC program, and most time in the program, 11 had positive increases and 3 a negative decrease.

Of students who had taken both tests, had both parent and teacher in program and 6-9 months in the DLC program, 3 had a positive increase and none had a negative decrease.

Of students who had taken both tests, had both parent and teacher in program and least amount of time in the DLC program, no test data was available.

From the data contained in Table 3, it is apparent that students who had taken both tests, had both parent and teacher involved in the DLC program, and spent the most time in the program, showed the most consistent positive increase and fewest negative decreases in reading achievement than the other groups. Also, it may be considered excellent that 85% showed a positive achievement in reading regardless of what combination of variables is used. The effectiveness of the DLC program for these groups is supported concretely by this table. In fact, it may be stated that with this kind of program provided by the DLC a positive improvement may be predicted for the majority of the Center's clients.

Cooperating Teacher Inquiry. Table 4 contains five columns of information.

Column 1 describes the chi-square value.

Column 2 and 3 the "yes" - "no" frequencies as responded by the cooperating teachers.

Column 4 the number of the item in the inquiry.

Column 5 a statement of the item.

Each item was tested for significance at the .05 level.

Six of the items were found to be significant at the .05 level. All of these but one were in the direction of a greater number of positive than negative responses, e.g. Item 2, "Has the Center worked with and gained the needed support from the parents in its attempt to help the child?"--24 yes--10 no; when tested with the chi-square technique a X^2 value of 6.6 was found to be highly significant at the predetermined level of .05.

Only four out of ten tests of chi-square were found to be nonsignificant.

In analyzing the data pertaining to the items in Table 4, two items referring to the student-teacher relationship, 1 and 3, were shown to be non-significant. Two other items 4 and 5a were also found to be non-significant, but were related to parental communication and the teacher, and academic improvement. However, Tables 2 and 3 have indicated that there was improvement academically.

The cooperating teachers in items 2, 5b, 5c, 6, 7, and 8 answered affirmatively, and in numbers greater than chance as is seen in Table 4 as all being significant. Faculty feel the Center has gained support of the parents in working with the client (although not true for parent-teacher communication in item #4); that the students have improved social and emotional adjustment; that the DLC's work has been effective; would send their own children to the

TABLE 4

Chi-Square On The Difference of Cooperating Teachers Responses to an Attitude Inquiry Pertaining to the Work of the Diagnostic Learning Center

Cooperating Teacher Inquiry

(1) X^2 Value	Frequencies (2) Yes	(3) No	(4) Item No.	(5) Statement of Items
2.9	34	22	1.	Has the Center helped you gain a better understanding of the student?
6.6*	24	10	2.	Has the Center worked with and gained the needed support from the parents in its attempt to help the child?
.12	27	25	3.	Do you feel that your relationship with the student has improved since he (she) has been seen at the Center?
3.2	20	33	4.	Are you now better able to communicate with the student's parents than before he (she) came to the Center?
.12	29	26	5.	Since the student has been seen at the Center, has he (she) improved: a. academically?
6.6*	37	18		b. socially?
5.0*	33	16		c. emotionally?
22.6*	35	5	6.	Would you attribute any of the improvements indicated in question #5 above to the efforts of the Center?
19.0*	42	10	7.	Would you send your own child to the Center if such help were needed?
27.0*	43	6	8.	Would you recommend the Center to other parents and teachers for help with children having learning problems?

*Chi-Square (X^2) Significant at .05 level

*= > .05 3.841

Center for help; and would recommend the program of the Center to other parents and teachers whose children were experiencing learning problems.

Table 4 in effect supports the influence of the specific services provided by the Center. This influence was evidenced in items 2, 5b, 5c, 6, 7 and 8 which were very important and significant.

Parent Inquiry. Table 5 contains five columns of information and may be interpreted as Table 5 was.

All the items but one, #4, were found to be overwhelmingly significant at the .05 level, and this item was in the direction of a greater number of positive than negative responses. In Tables 4 and 5 there was agreement on item #4, e.g., "Are you now better able to communicate with the child's teachers than before the child came to the Center?" It appears that finding some means of communication between parents and teachers is needed. In item #1 the parents believed that the Center has helped them gain a better understanding of their child, but the teachers believed otherwise. Parents in their response to item 3 felt their relationship with the child had improved, but this was not responded likewise by the teachers. The parents disagreed with the teachers on item 5a. They believed their children improved academically, but not the teachers. In the rest of the items contained in the instrument, 5b, 5c, 6, 7, and 8, there was high agreement between parents and teachers.

Using the results of the Parent and Teacher Inquiry instruments, it may be said in effect, that the work of the Center has been better than average in providing services to parents and teachers of clients referred to them for help. Some review may be necessary to ascertain why there was some disagreement on a few of the items in the questionnaire. This difference may simply

TABLE 5

Chi-Square of Significant Difference on Responses to a Parent Attitude Inquiry to The Work of The Diagnostic Learning Center

Parent Inquiry

	Frequencies			
(1) X^2 Value	(2) Yes	(3) No	(4) Item No.	(5) Statement of Items
17.0*	35	8	1.	Has the Center helped you gain a better understanding of your child?
21.6*	32	4	2.	Has the Center worked with and gained the needed support from the school in its attempt to help your child?
16.2*	38	10	3.	Do you feel that your relationship with your child has improved since he (she) has been seen at the Center?
.94	22	16	4.	Are you now better able to communicate with the child's teachers than before the child came to the Center?
7.4*	31	13	5.	Since your child has been seen at the Center, has he (she) improved: a. academically?
17.8*	36	8		b. socially?
16.2*	38	8		c. emotionally?
31.8*	40	3	6.	Would you attribute any of the improvements indicated in question #5 above to the efforts of the Center?
46.8*	46	0	7.	Would you send another child of yours to the Center if such help were needed?
46.8*	47	0	8.	Would you recommend the Center to other parents and teachers for help with children having learning problems?

*Chi-Square (X^2) Significant at .05 level
*= .0573.841

be due to a variation of standards and the actual relationship of child to parent or child to teacher.

Parent Program Inquiry. Table 6 contains five columns of information pertaining to the parents' attitude toward the Parent Therapy Program developed by the DLC.

The information in Table 6 may be interpreted as Table 5 was, but the items in the instrument were different. The items in Table 4 and 5 were varied also to fit the group responding.

Five of the seven items were found to be significant at the .05 level. All of these items but one were in the direction of a greater number of positive than negative responses.

In analyzing the data in Table 6, parents did not feel significantly (#1), except by more responses, that their self-concept had been changed as a result of their having participated in the program provided for them. Nor did they feel that they had improved relationships with others. This response was found in item 6, which was the only item in the instrument with more negative responses than positive.

Parents did believe significantly that they had gained greater knowledge about themselves, #2; they had more understanding of their child's problem, #3; they wanted to continue with the DLC, #4; that interpersonal relationships with the family improved, #5; and that their sessions have helped in resolving some of their child's problems, #7.

Since this was the first attempt of the Center to provide a planned Parent Therapy Program, it may be concluded that the program was imminently successful. In only one item of response, #6, were more negative responses observed than those of a positive nature. And in five of the seven items contained

TABLE 6

Chi-Square Test of Significant on Responses to a Attitude Inquiry Pertaining to the Parent Therapy Program of the Diagnostic Learning Center

Parent Program Inquiry

(1) X^2 Value	Frequencies (2) Yes	(3) No	(4) Item No.	(5) Statement of Items
1.5	15	9	1.	Have your sessions in the group or individual sessions changed your self-concept?
4.8*	18	7	2.	Do you have a greater knowledge of your ownself?
19.4*	25	2	3.	Do you have a greater understanding of your child's problem?
9.8*	19	4	4.	Do you want to continue coming to the DLC?
6.0*	18	6	5.	Have your interpersonal relationships with your family improved?
.04	11	12	6.	Have your relationships with people improved?
9.0*	20	5	7.	Do you think that your sessions have helped in resolving some of your child's problems?

*Chi-Square (X^2) Significant at .05 level
*= .05> 3.841

TABLE 7

Chi-Square Test of Significant Difference on Responses To a Teacher Attitude Inquiry Pertaining to the Teacher In-Service Program of the Diagnostic Learning Center

Teacher In-Service Inquiry

	Frequencies			
(1) X^2 Value	(2) Yes	(3) No	(4) Item No.	(5) Statement of Items
17.0*	35	8	1.	Did you use any teaching techniques that were discussed in the seminars?
25.4*	38	5	2.	Are you more aware of factors that may inhibit communications in the classroom?
19.6*	36	7	3.	Are you more aware of factors that may promote communications in the classroom?
17.0*	35	8	4.	Were methods used in the seminars adaptable to classroom situations?
22.4*	37	6	5.	Did you gain insight to your own behavior from discussion in the seminar?
25.4*	38	5	6.	Did you gain insight to student behavior from discussion in the seminar?
22.4*	37	6	7.	Would you recommend to your co-workers participation in seminars similar to the one that you attended?
19.6*	36	7	8.	Would you attend seminars like this again if you had the opportunity?

* Chi-Square (X^2) Significant at .05 level
*= .05 > 3.841

therein, a high level of significance was computed.

Teacher In-Service Inquiry. Table 7 contains five columns of information pertaining to the teacher's attitude toward the In-Service Program developed by the DLC. All the teachers participating did not have children attending the Center, but all were asked to evaluate the program.

The information contained in Table 7 may be interpreted as Table 6 was, but the items in the instrument were different.

All the items in this instrument were found to be significant at the .05 level. The number of positive responses to negative was very large, 35 or more for each item for 8 or less.

This first concentrated effort to bring a concrete program of techniques to the classroom teacher was very successful. A continuation of this may be beneficial to more teachers in the future as was indicated in item 8, 36 for continuing and 7 against.

Parent, Teacher and DLC Evaluation of Clients Emotional Adjustment and Attitude Toward School. Table 8 contains 11 columns of information. (See Figure 1)

Column 1 is the number given to each student in the sample rather than his or her name.

Column 2 contains a code number which the legend indicates how many months the client had been in the program.

Column 3 is coded and indicates whether or not there was parent involvement in the DLC parent therapy program.

Column 4 is coded and indicates whether or not there was teacher involvement in the DLC in-service program.

Column 5 denotes the grade level of the client.

TABLE 8

COMPOSITE SCORES OF STUDENTS ON QUESTIONNAIRE
Section A. Emotional Adjustment, and Section B. Attitude Towards School as Evaluated by the DLC Staff, Parents, and Cooperating Classroom Teacher

(1) Student No.	(2) No. of Mos. in DLC Program	(3) Parent Involvement	(4) Teacher Involvement	(5) Grade Level of Student	(6) Parent Section A. Evaluation	(7) Teacher Section A. Evaluation	(8) DLC Section A. Evaluation	(9) Parent Section B. Evaluation	(10) Teacher Section B. Evaluation	(11) DLC Section B. Evaluation	(1) Student No.	(2) No. of Mos. in DLC Program	(3) Parent Involvement	(4) Teacher Involvement	(5) Grade Level of Student	(6) Parent Section A. Evaluation	(7) Teacher Section A. Evaluation	(8) DLC Section A. Evaluation	(9) Parent Section B. Evaluation	(10) Teacher Section B. Evaluation	(11) DLC Section B. Evaluation
1	3	1	0	6	56	36	43	24	18	18	35	3	1	1	4	42	50	48	4	28	21
2	3	1	0	6	42	36	46	23	18	21	36	3	2	0	9	46		44	21		14
3	3	1	1	11	37	28	51	11	11	21	37	3	1	0	3	41	28	44	12	12	20
4	3	1	0	4		42	38		18	21	38	3	2	0	7	50	27	46	24	18	23
5	3	1	1	4	53	39	43	28	18	19	39	2	1	0	8	44	31	43	19	17	22
6	3	2	1	5	43	33	44	26	24	24	40	3	1	0	7		46	44		26	27
7	3	1	0	5	46	38	46	23	23	26	41	3	1	0	7	35	52	51	21	25	27
8	3	2	0	7	34	37	52	18	18	24	42	2	1	0	5		37	29		21	20
9	3	2	0	5		40	42		18	18	43	2	0	0	8	57	39	49	25	22	26
10	3	0	0	7	49	43	49	23	18	24	44	2	1	0	1	42	45	48	21	25	23
11	3	1	1	4	46	42	46	28	23	25	45	2	1	1	7	33	45	40	18	26	20
12	3	1	0	5	44	31	49	16	18	24	46	2	0	0	3	59	49	54	30	23	27
13	3	1	0	7		43	47		29	22	47	2	1	1	5		50	51		27	23
14	3	1	0	3	49	27	48	21	22	20	48	2	0	0	5	27	45	39	14	24	20
15	3	1	0	5		25	38		17	18	49	2	1	1	3	41	45	39	21	26	25
16	3	1	0	5	50	54	51	30	29	24	50	1	0	0	4		33	42		15	20
17	3	2	0	6	45	42	39	24	17	18	51	3	0	0	4		35	49		17	22
18	3	2	1	8	43	37	31	21	19	20	52	2	0	0	6	49	29	42	24	14	24
19	3	2	1	7		42	45		20	23	53	1	0	0	5	35	41	36	19	21	18
20	3	0	0	3							54	2	0	0	7	54	43	44	24	21	20
21	3	1	0	4	58		41	29		18	55	1	0	0	11		40	36		19	20
22	3	1	1	7	55	47	50	28	24	26	56	1	0	0	6			32			
23	2	1	0	8	37	29	36	15	21	18	57	2	1	1	2	48	41	49	28	22	24
24	3	0	0	8	53	40	50	27	23	27	58	2	0	0	11	42	41	42	18	18	22
25	3	1	0	8	50	39	40	24	23	20	59	1	0	0	5	40		36	21		18
26	3	2	0	7	58	36	47	27	15	21	60	1	0	0	6	46	21	48	22	15	26
27	3	0	0	2	55	42	48	30	26	24	61	1	0	0	4			40			18
28	3	1	0	3	47	30	38	24	21	18	62	2	0	0	9	46		43	17		21
29	3	2	1	4		40	38		22	23	63	1	0	0	8	34	36	47	4	18	20
30	2	1	0	4	41	47	54	27	25	26	64	2	0	0	5	44	35	48	28	23	22
31	3	0	0	U	56	42	41	25	21	18	65	2	0	0	1		37	42		16	19
32	3	1	0	9	57	29	42	24	19	20	66	1	0	0	9	43	31	43	23	19	18
33	3	2	1	6	43	25	54	20	17	27	67	1	0	0	U	38		44			26
34	3	2	1	6		41	41		20	19											

Months in Program
1. 3-6 mos.
2. 6-9 mos.
3. 9 or more mos.

Parent Involvement
0. Parents not involved in either regular individual or group sessions.
1. Parents involved in either regular individual or group sessions.
2. Parents not involved in either regular individual or group sessions, but it was recommended to them.

Teacher Involvement
0. Teacher in in-service program.
1. Teacher not in in-service program.

Column 6 is the parent evaluation of Section A, Figure 1, Emotional Adjustment of client.

Column 7 is the teacher evaluation of Section A.

Column 8 is the DLC evaluation of Section A.

Column 9 is the parent evaluation of Section B, Figure 1, Attitude Toward School possessed by client.

Column 10 is the teacher evaluation of Section B.

Column 11 is the DLC evaluation of Section B.

The scores reported for the clients were composite totals. For example, if a student received a one for each item in Section A, his score would have been 12. All twos would be 24; all threes 36; all fours 48; and all fives 60.

In Section B the composite totals would have been respectively, 6, 12, 18, 24, and 30. The scores on Sections A and B (See Figure 1) were related to a "continuum" which the respondents used, e.g.

Much Worse	Somewhat Worse	No Change	Somewhat Improved	Much Improved
1	2	3	4	5

Section A. Totals Possible - 12 items

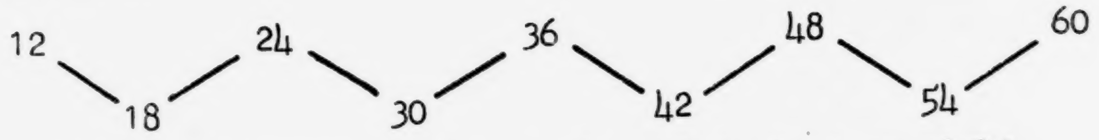
$\boxed{12}$ $\boxed{24}$ $\boxed{36}$ $\boxed{48}$ $\boxed{60}$

Section B. Totals Possible - 6 items

$\boxed{6}$ $\boxed{12}$ $\boxed{18}$ $\boxed{24}$ $\boxed{30}$

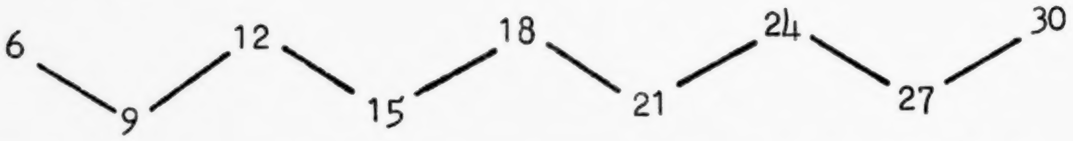
Each total should be thought as encompassing a range

Section A.



The midpoint between totals is six points left or right.

Section B.



The midpoint between totals is three points left or right.

The midpoints of three and six became our criteria to determine whether there was agreement between or disagreement between evaluators. For example if a student received three scores of 41, 39, and 40, the agreement would be interpreted as "highly significant". If only two of the scores were within six points of each other, it would be interpreted as only "significant". If all three scores were out of the six point range of each other, there would be no agreement and consequently "insignificant". The same principle should be followed when analyzing results from Section B., but using a three point range as a guideline.

Another example would be student #1 with Section A scores of 56, 36, 43. The score 56 fell between 60 and 54 (Much Improved); 36 fell between 30 and 42 (No Change); and 43 fell between 42 and 48 (Somewhat Improved). Student #1 with Section B scores of 24, 18 and 18 would have score 24 fall between 21 and 24 (Somewhat Improved); 18 fell between 15 and 21 (No Change); and 18 fell between 15 and 21 (No Change).

Section A. All the questionnaires were not returned or answered for the 67 clients, however, only three had had less than two of three possible evaluations. Any information reported was included to give the reader as complete a picture as possible.

Of the 65 clients for which two or more evaluations were available; 24 had complete agreement (Highly Significant) or 37%, 26 had agreement

Figure 1

____
Name of Student

DIAGNOSTIC LEARNING CENTER
112 NORTH BELMONT AVENUE
ARLINGTON HEIGHTS, ILLINOIS 60004

TEACHER INQUIRY

MAY 1969

Please circle the numeral corresponding to the best response for each statement given or question asked. Please return this form in the enclosed self-addressed stamped envelope, by Friday, May 16, 1969.

In parts A and B describe, as best as possible, the changes you have observed in the above-named student by comparing his (her) present behavior and attitudes to what they were in September, 1968.

A.	Much Worse	Somewhat Worse	No Change	Somewhat Improved	Much Improved
1. Generally has a good relationship with playmates or friends (peers), including classmates.	1	2	3	4	5
2. Generally exercises acceptable self controls.	1	2	3	4	5
3. Generally is outgoing.	1	2	3	4	5
4. Generally is at ease in expressing feelings, desires, problems, opinions, etc.	1	2	3	4	5
5. Generally has a good relationship with adults (other than parents).	1	2	3	4	5
6. Generally has a good relationship with parents.	1	2	3	4	5
7. Generally has a good relationship with brothers and sisters.	1	2	3	4	5
8. Generally can show anger and aggressiveness in appropriate ways.	1	2	3	4	5
9. Sets realistic goals for himself (herself)?	1	2	3	4	5
10. How would you describe the child's overall behavior?	1	2	3	4	5
11. How would you describe the child's overall emotional growth?	1	2	3	4	5
12. Displays an awareness of the needs and feelings of others.	1	2	3	4	5

B.					
1. Is aware of his (her) academic deficiencies and seeks help in these areas.	1	2	3	4	5
2. Is regular in attendance and punctuality at school.	1	2	3	4	5
3. Is at ease in the school environment.	1	2	3	4	5
4. Accepts help in school when offered.	1	2	3	4	5
5. Appears to be involved in learning situations.	1	2	3	4	5
6. Seems to have a good attitude toward school.	1	2	3	4	5

(Significant) or 40%, and 14 no agreement (Insignificant) or 22%. The maximum composite median on Section A was 36 (No Change); of the 175 client total composite scores above 36 in columns 6, 7, and 8, 141 were greater than 36 or were evaluated as "Somewhat Improved" or "Much Improved", while only 35 received total composite scores of 36 and less or were rated as "Much Worse", "Somewhat Worse", or "No Change".

Of students who had two or more composite scores, had both parent and teacher involved in the DLC program, and most time in the program, 4 had complete agreement (Highly Significant) of evaluation, 6 had agreement (Significant), of evaluation and 6 had complete disagreement (Insignificant) of evaluation.

Of students who had two or more composite scores, had both parent and teacher involved in the DLC program, and 6-9 months in the program, 2 had complete agreement (Highly Significant), of evaluation, 3 had agreement (Significant) of evaluation, and 1 had complete disagreement (Insignificant) of evaluation.

Of students who had two or more complete composite scores, had both parent and teacher involved in the DLC program, and least amount of time in the program, no data was available.

Of students with different time lengths in program and other variables held constant, those with 3-6 months, 5 had complete agreement, 3 had agreement, and 1 had complete disagreement; those with 6-9 months, 6 had complete agreement, 9 agreement, and 3 had complete disagreement; those with 9 or more months, 9 had complete agreement, 19 had agreement, and 10 had complete disagreement.

From the scores on Section A in Table 8 it may be concluded that the services and programs provided by the DLC were very effective in bringing about improvement in clients concerned with emotional problems. The majority of scores had indicated "Somewhat Improved" or "Much Improved". Corroboration was seen in the considerable agreement on the separate evaluations made by parent, teacher, and the DLC staff.

Section B. All the Section B questionnaires were not returned or answered for the 67 clients, however, only four had less than two of three possible evaluations. Any information reported was included to give the reader as complete a picture as possible.

Of the 64 clients for which two or more evaluations were available, 14 had complete agreement (Highly Significant) or 22%, 38 had agreement (Significant) or 60%, 12 no agreement (Insignificant) or 18%. The maximum composite median on Section B was 18 (No Change); of the 173 client total possible scores above 18 in columns 9, 10, and 11, 125 were greater than 18 or were evaluated as "Somewhat Improved" or "Much Improved", while only 47 received total composite scores of 18 and less or were rated as "Much Worse", "Somewhat Worse", or "No Change".

Of students who had two or more composite scores, had both parent and teacher involved in the DLC program, and 6-9 months in the program, 2 had complete agreement (Highly Significant) of evaluation, 3 had agreement (Significant) of evaluation, and no data on complete disagreement of evaluation.

Of students who had two or more complete composite scores, had both parent and teacher involved in the DLC program, and least amount of time in the program, no data was available.

Of students with different time lengths in the program and other variables held constant, those with 3-6 months, 3 had complete agreement, 2 had agreement, and 2 had disagreement; those with 6-9 months, 3 had complete agreement, 12 had agreement, and 3 had complete disagreement; those with 9 or more months, 11 had complete disagreement.

From the scores on Section B in Table 8 it may also be concluded that the services and programs developed and provided by the DLC were effective in bringing about an improvement in the clients attitude toward school. The majority of scores had indicated "Somewhat Improved" or Much Improved". Corroboration was seen in the considerable agreement on the separate evaluations made by parent, teacher, and the DLC staff.

Chapter IV

SUMMARY AND RECOMMENDATIONS

The purpose of this study project was to determine if the program modification of the DLC for the school year 1968-69 was effective. This second phase of a major evaluation was made because the need still exists for descriptions of identifying criteria, effective diagnostic techniques, remedial innovations, and in-service dissemination back to teachers in the typical classroom. With this determination clearly in mind then, Evaluation Part II project analyzed the modified program procedures utilized in the Diagnostic Learning Center (1) to identify the candidates for the DLC; (2) for diagnostically testing in subject matter; (3) in psychological and medical testing; (4) in directed child and parental therapy; (5) to involve other community agencies in making diagnosis; (6) in providing in-service training of teachers of children recommended to the DLC; (7) in developing techniques to involve parents in the program; and (8) finally to analyze the overall success of the effectiveness of the DLC's program based upon the aforementioned factors.

The hypothesis assumed has been that diagnostic study coupled with one or more of the following: academic remediation, specific child therapy, intensive follow-through in the areas of in-service education of teachers of children with severe learning problems, and parent counseling and therapy in correction of family dynamics will show that there is significant improvement in academic achievement, in social behavior, and/or in attitude toward learning. The questions to which answers have been sought are:

1. Has specific or significant improvement in achievement occurred upwards?

2. Has the Center been able to reduce the emotional problems of the DLC clients?

3. Has a change in attitude toward learning on the part of the clients been positive?

4. What effect have the services of the DLC had on the attitude of the classroom teacher towards the DLC?

5. Have teachers found the in-service programs helpful?

6. What effect has the cooperative effort of the DLC in working with children with severe learning problems had on their parents attitude toward the Center's Program?

7. Have parents found the DLC Parent Therapy Program helpful?

Conclusion 1.

In answer to our first question related to our hypothesis, "Has specific or significant improvement in achievement occurred upwards?", the following was concluded:

Students taking both tests, having both parent and teacher involved in the DLC program, and spending the most time in the program, showed the most consistent positive increase and fewest negative decreases in arithmetic achievement (See Table 2). The test data revealed that 73% of the sample had positive achievement in arithmetic regardless of what combination of variables is used. The program provided by the DLC should be considered very effective and may be used to predict continued positive improvement for the majority of the Center's clients.

An additional corroboration of positive achievement may be seen in Table 3 where the results of pre and post-test reading results were reported. Students who had taken both tests, had both parent and teacher involved in the DLC program, and spend the most time in the program, showed the most consistent and positive increase and fewest negative decreases in reading achievement than the other groups. This is similar to the findings in arithmetic achievement. Also, it may be considered excellent that 85% showed a positive achievement in reading regardless of what combination of variables is used.

The concentrated effort of the DLC to direct more effort in eliminating or reducing emotional problems, thus bringing the client up to a state of academic readiness, has been demonstrated in the above evidence of achievement in arithmetic and reading.

Recommendation.

Than an effort be continued to provide help in correcting emotional problems by the employment of directed therapy for them. In addition, more time must be allocated, after significant changes in the emotional behavior of the client, in the area of educational remediation.

Conclusion 2.

In answer to our second and third questions related to our hypothesis, "Has the Center been able to reduce the emotional problems of the DLC referrals?" and "Has a change in attitude toward learning on the part of the clients been positive?", the following has been concluded:

The majority of scores for emotional adjustment reported in Section A in Table 8 indicated "Somewhat Improved" or "Much Improved". Of the 175 client total composite scores above 36, 141 were greater, while only 35 received total composite scores of 36 and less or were rated as "Much Worse", "Somewhat Worse", or "No Change". Corroboration was seen in considerable agreement on the separate evaluations made by parent, teacher and the DLC staff.

In Section B of Table 8 the scores reported on attitude towards the school were very similar to those in Section A. Of the 173 client total possible scores above 18, 125 were greater than 18 or were evaluated as "Somewhat Improved" or "Much Improved", while only 47 received total composite scores of 18 and less or were rated as "Much Worse", "Somewhat Worse", or "No Change". High agreement was also noted in Section B of Table 8 between parent, teacher, and DLC staff ratings.

It may be concluded that the services and programs developed and provided by the DLC were effective in bringing about an improvement in the client's emotional adjustment and attitude toward school.

Recommendation.

That future programs similar to the DLC's direct much effort toward the area of emotional problems by the employment of directed therapy. This should be accomplished before or with educational remediation. And that services similar to those developed by the Center be provided to the classroom teacher in the future.

Conclusion 3.

In answer to our fourth question related to our hypothesis, "What effect have the services of the DLC had on the attitude of the classroom teacher towards the DLC?", the following was concluded:

On an eight-item attitude questionnaire, the frequency of responses to each item was in a positive direction rather than negative, with one exception. On a test of Chi-square for each of the ten units in the questionnaire only four were found to be non-significant. These included the areas student to teacher relationship, parental communication, and academic improvement. Academic improvement was not observed as having more negative than positive responses, but rather as just a chance difference which when computed by a test of significance called Chi-square revealed a non-significant index.

Considerable improvement academically was observed in Tables 2 and 3. High agreement was noted in six units of the questionnaire, 2, 5b, 5c, 6, 7, and 8. These areas of significant findings include cooperation of parents, evidence of improvement in social and emotional adjustment of clients, effectiveness of the Center's efforts, and recommended services of the Center to other parents and teachers.

Recommendation.

Standards of academic achievement should be discussed and compared with those held by the classroom teacher and those held by the DLC staff. A brief study should be made to study student-teacher relationships of those students experiencing and those students not experiencing social and emotional adjustment problems. Several techniques of communication between parent and teacher should be developed in consultation with those faculty experiencing this difficulty.

Conclusion 4.

In answer to our fifth question related to our hypothesis, "Have teachers found the in-service training program helpful?", the following was concluded:

All the items used in this instrument were found to be significant at the .05 level. The number of positive responses to negative was very large, 35 or more for each item as compared to 8 or less.

This first concentrated effort to bring a concrete program of techniques to the classroom teacher was very successful.

Recommendation.

That a program of in-service for teachers concerned with problems of learning be continued. Support for this recommendation is supported by the responses to item 8, 36 for continuing and 7 for discontinuance.

Conclusion 5.

In answer to our sixth question to our hypothesis, "What effect has the cooperative effort of the DLC in working with children with severe learning problems had on their parents' attitude toward the Center's program?", the following was concluded:

All the items but one, #4, in the attitude questionnaire was found to be significant. Parents also believed that communication with the client's teachers had not improved. Responses to this item did not prove significant by the Chi-square test.

Parents felt strongly that they were helped to gain a better understanding of their child, had better relationships with children, and believed their children improved academically but the teachers did not concur. They did concur with teachers on the rest of the items, 5b, 5c, 6, 7. and 8.

Based on the results of Table 5, the work of the Center has been better than average in providing services to parents of clients referred.

Recommendation.

Some review may be necessary to ascertain why there was some disagreement on a few of the items in the questionnaire as seen in Tables 4 and 5. This difference may simply be due to a variation of standards and the actual relationship of child to parent or child to teacher.

Conclusion 6.

In answer to our seventh question to our hypothesis, "Have parents found the DLC Parent Therapy Program helpful?", the following was concluded:

Five of the seven items used in this questionnaire were found to have significance using the Chi-square method. Parents did not feel significantly, except by more responses, that their self-concept had been changed as a result of having participated in the program provided for them. Also, relationships with others were not thought of as improved (more negative responses than positive).

The parents did believe they gained greater knowledge about themselves, had more understanding of their child's problem, wanted to continue in the DLC program, that interpersonal relationships with the family improved, and that their sessions were helpful in resolving some of their child's problems.

Since this was a first attempt on the part of the DLC to provide a planned parent program, it may be concluded that it was very successful.

Recommendation.

That a more organized plan be developed for meetings, program objectives, and improving attendance.

Concluding Statement on Evaluation Project

This present evaluation study project has been continuously in operation since October, 1968 - one academic year. A number of questions considered very important by the staff of the Diagnostic Center and for which answers were sought formed the basis for this project. In light of the numberous findings, we have satisfactorily found concrete answers for all seven of the questions. However, while this may be considered excellent, much more remains to be studied and researched on severe learning problems. Services and programs developed over the last three years by the DLC should not be allowed to phase out, but rather should be considered in some capacity. Examples of work still to be done may be seen in the recommendations stated in this concluding chapter.

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Evaluation Forms

1. DLC Staff Inquiry
2. Cover Letter For Teacher Inquiry
3. Teacher Inquiry
    a. Student in Sample Population, Teacher in In-Service Program (Parts A, B, C, D).
    b. Student in Sample Population, Teacher Not in In-Service Program (Parts A, B, C).
    c. No Student in Sample Population, Teacher in In-Service Program.
4. Cover Letter for Parent Inquiry
5. Parent Inquiry
    a. Child in Sample Population, Parent in Parent Program.
    b. Child in Sample Population, Parent Not in Parent Program.
    c. Child Not in Sample Population, Parent in Parent Program

NAME of CLIENT

DIAGNOSTIC LEARNING CENTER
112 NORTH BELMONT AVENUE
ARLINGTON HEIGHTS, ILLINOIS 60004

DLC STAFF INQUIRY

MAY 1969

Please circle the numeral corresponding to the best response for each statement given or question asked. Return form to the secretary by Friday, May 16, 1969.

In parts A and B describe as best as possible, the changes you have observed in the above-named client by comparing his (her) present behavior and attitudes to what they were in September, 1968.

A.		Much Worse	Somewhat Worse	No Change	Somewhat Improved	Much Improved
1.	Generally has a good relationship with playmates or friends (peers), including classmates.	1	2	3	4	5
2.	Generally exercises acceptable self-controls.	1	2	3	4	5
3.	Generally is outgoing	1	2	3	4	5
4.	Generally is at ease in expressing feelings, desires, problems, opinions, etc.	1	2	3	4	5
5.	Generally has a good relationship with adults (other than parents).	1	2	3	4	5
6.	Generally has a good relationship with parents.	1	2	3	4	5
7.	Generally has a good relationship with brothers and sisters.	1	2	3	4	5
8.	Generally can show anger and aggressiveness in appropriate ways	1	2	3	4	5
9.	Sets realistic goals for himself (herself)?	1	2	3	4	5
10.	How would you describe the child's overall behavior?	1	2	3	4	5
11.	How would you describe the child's overall emotional growth?	1	2	3	4	5
12.	Displays an awareness of the needs and feelings of others.	1	2	3	4	5

B.						
1.	Is aware of his (her) academic deficiencies and seeks help in these areas.	1	2	3	4	5
2.	Is regular in attendance and punctuality at school	1	2	3	4	5
3.	Is at ease in the school environment.	1	2	3	4	5
4.	Accepts help in school when offered.	1	2	3	4	5
5.	Appears to be involved in learning situations.	1	2	3	4	5
6.	Seems to have a good attitude toward school.	1	2	3	4	5

DIAGNOSTIC
LEARNING
CENTER

112 North Belmont Avenue
Arlington Heights, Illinois 60004

AC 312-394-0280

May 7, 1969

Dear Teacher or Counselor:

As a part of the operation of this project, we of the Center need your feelings about our program. Only in examining your responses can we determine if we are effective in assisting you in overcoming learning problems of children.

Would you take the time to complete this instrument and return it to us by Friday, May 16, 1969. A stamped, addressed envelope is enclosed for your convenience. Please feel free to add your own responses in the appropriate locations.

All forms should be returned to:

Associate Director
Diagnostic Learning Center
112 North Belmont Avenue
Arlington Heights, Illinois
60004

Thank you,

Donald L. K. Wegener
Donald L.K. Wegener
Associate Director

DLKW/pt
Enc

*Your instrument includes parts:

Name of Student

DIAGNOSTIC LEARNING CENTER
112 NORTH BELMONT AVENUE
ARLINGTON HEIGHTS, ILLINOIS 60004

TEACHER INQUIRY

MAY 1969

Please circle the numeral corresponding to the best response for each statement given or question asked. Please return this form in the enclosed self-addressed stamped envelope, by Friday, May 16, 1969.

In parts A and B describe, as best as possible, the changes you have observed in the above-named student by comparing his (her) present behavior and attitudes to what they were in September, 1968.

A.	Much Worse	Somewhat Worse	No Change	Somewhat Improved	Much Improved
1. Generally has a good relationship with playmates or friends (peers), including classmates.	1	2	3	4	5
2. Generally exercises acceptable self controls.	1	2	3	4	5
3. Generally is outgoing.	1	2	3	4	5
4. Generally is at ease in expressing feelings, desires, problems, opinions, etc.	1	2	3	4	5
5. Generally has a good relationship with adults (other than parents).	1	2	3	4	5
6. Generally has a good relationship with parents.	1	2	3	4	5
7. Generally has a good relationship with brothers and sisters.	1	2	3	4	5
8. Generally can show anger and aggressiveness in appropriate ways.	1	2	3	4	5
9. Sets realistic goals for himself (herself)?	1	2	3	4	5
10. How would you describe the child's overall behavior?	1	2	3	4	5
11. How would you describe the child's overall emotional growth?	1	2	3	4	5
12. Displays an awareness of the needs and feelings of others.	1	2	3	4	5

B.					
1. Is aware of his (her) academic deficiencies and seeks help in these areas.	1	2	3	4	5
2. Is regular in attendance and punctuality at school.	1	2	3	4	5
3. Is at ease in the school environment.	1	2	3	4	5
4. Accepts help in school when offered.	1	2	3	4	5
5. Appears to be involved in learning situations.	1	2	3	4	5
6. Seems to have a good attitude toward school.	1	2	3	4	5

C.
Please circle either yes or no in response to the questions asked below.

1. Has the Center helped you gain a better understanding of the student? Yes No
2. Has the Center worked with and gained the needed support from the parents in its attempt to help the child?
3. Do you feel that your relationship with the student has improved since he (she) has been seen at the Center? Yes No
4. Are you now better able to communicate with the student's parents than before he (she) came to the Center? Yes No
5. Since the student has been seen at the Center, has he (she) improved:
    a. academically? Yes No
    b. socially? Yes No
    c. emotionally? Yes No
6. Would you attribute any of the improvements indicated in question #5 above to the efforts of the Center? Yes No
7. Would you send your own child to the Center if such help were needed? Yes No
8. Would you recommend the Center to other parents and teachers for help with children having learning problems? Yes No

D.
Please circle either yes or no in response to each question asked below regarding the in-service program in which you were a participant.

1. Did you use any teaching techniques that were discussed in the seminars? Yes No
2. Are you more aware of factors that may inhibit communications in the classroom? Yes No
3. Are you more aware of factors that may promote communications in the classroom? Yes No
4. Were methods used in the seminars adaptable to classroom situations? Yes No
5. Did you gain insight to your own behavior from discussion in the seminar? Yes No
6. Did you gain insight to student behavior from discussion in the seminar? Yes No
7. Would you recommend to your co-workers participation in seminars similar to the one that you attended? Yes No
8. Would you attend seminars like this again if you had the opportunity? Yes No

COMMENTS: (You may use the back of the form if you wish.)

Name of Student

DIAGNOSTIC LEARNING CENTER
112 NORTH BELMONT AVENUE
ARLINGTON HEIGHTS, ILLINOIS 60004

TEACHER INQUIRY

MAY 1969

Please circle the numeral corresponding to the best response for each statement given or question asked. Please return this form in the enclosed self-addressed stamped envelope, by Friday, May 16, 1969.

In parts A and B describe, as best as possible, the changes you have observed in the above-named student by comparing his (her) present behavior and attitudes to what they were in September, 1968.

A.		Much Worse	Somewhat Worse	No Change	Somewhat Improved	Much Improved
1.	Generally has a good relationship with playmates or friends (peers), including classmates.	1	2	3	4	5
2.	Generally exercises acceptable self controls.	1	2	3	4	5
3.	Generally is outgoing.	1	2	3	4	5
4.	Generally is at ease in expressing feelings, desires, problems, opinions, etc.	1	2	3	4	5
5.	Generally has a good relationship with adults (other than parents).	1	2	3	4	5
6.	Generally has a good relationship with parents.	1	2	3	4	5
7.	Generally has a good relationship with brothers and sisters.	1	2	3	4	5
8.	Generally can show anger and aggressiveness in appropriate ways.	1	2	3	4	5
9.	Sets realistic goals for himself (herself)?	1	2	3	4	5
10.	How would you describe the child's overall behavior?	1	2	3	4	5
11.	How would you describe the child's overall emotional growth?	1	2	3	4	5
12.	Displays an awareness of the needs and feelings of others.	1	2	3	4	5

B.						
1.	Is aware of his (her) academic deficiencies and seeks help in these areas.	1	2	3	4	5
2.	Is regular in attendance and punctuality at school.	1	2	3	4	5
3.	Is at ease in the school environment.	1	2	3	4	5
4.	Accepts help in school when offered.	1	2	3	4	5
5.	Appears to be involved in learning situations.	1	2	3	4	5
6.	Seems to have a good attitude toward school.	1	2	3	4	5

C.
Please circle either yes or no in response to the questions asked below.

1. Has the Center helped you gain a better understanding of the student? Yes No
2. Has the Center worked with and gained the needed support from the parents in its attempt to help the child? Yes No
3. Do you feel that your relationship with the student has improved since he (she) has been seen at the Center? Yes No
4. Are you now better able to communicate with the student's parents than before he (she) came to the Center? Yes No
5. Since the student has been seen at the Center, has he (she) improved:
    a. academically? Yes No
    b. socially? Yes No
    c. emotionally ? Yes No
6. Would you attribute any of the improvements indicated in question #5 above to the efforts of the Center? Yes No
7. Would you send your own child to the Center if such help were needed? Yes No
8. Would you recommend the Center to other parents and teachers for help with children having learning problems? Yes No

COMMENTS: (You may use the back of the form is you wish.)

DIAGNOSTIC LEARNING CENTER
112 NORTH BELMONT AVENUE
ARLINGTON HEIGHTS, ILLINOIS 60004

D. IN-SERVICE PROGRAM MAY 1969

Please circle either yes or no in response to each question asked below regarding the in-service program in which you were a participant.

1. Did you use any teaching techniques that were discussed in the seminars? Yes No
2. Are you more aware of factors that may inhibit communications in the classroom? Yes No
3. Are you more aware of factors that may promote communications in the classroom? Yes No
4. Were methods used in the seminars adaptable to classroom situations? Yes No
5. Did you gain insight to your own behavior from discussion in the seminar?
6. Did you gain insight to student behavior from discussion in the seminar? Yes No
7. Would you recommend to your co-workers participation in seminars similar to the one that you attended? Yes No
8. Would you attend seminars like this again if you had the opportunity? Yes No

COMMENTS: (You may use the back of the form if you wish.)

DIAGNOSTIC
LEARNING
CENTER

112 North Belmont Avenue
Arlington Heights, Illinois 60004

AC 312-394-0280

May 7, 1969

Dear Parents:

As a part of the operation of this project, we of the Center need your feelings about our program. Only in examining your responses can we determine if we are effective in assisting you and the school in overcoming your child's learning problems.

Would you take the time to complete this instrument and return it to us by Friday, May 16, 1969. A stamped, addressed envelope is enclosed for your convenience. Since only one form is being sent to you, both parents should try to reach agreement in response to the questions and statements. Please feel free to add your own responses in the appropriate locations.

All forms should be returned to:

Associate Director
Diagnostic Learning Center
112 North Belmont Avenue
Arlington Heights, Illinois
60004

Thank you,

Donald L. K. Wegener

Donald L.K. Wegener,
Associate Director

DLKW/pt
Enc

*Your instrument includes parts:

DIAGNOSTIC LEARNING CENTER
112 NORTH BELMONT AVENUE
ARLINGTON HEIGHTS, ILLINOIS 60004

PARENT INQUIRY

MAY, 1969

Please circle the numeral corresponding to the best response for each statement given or question asked. Please return this form, in the enclosed self-addressed, stamped envelope, by Friday, May 16, 1969.

In Parts A and B describe, as best as possible, the changes you have observed in your child by comparing his (her) present behavior and attitudes to what they were in September 1968.

A.		Much Worse	Somewhat Worse	No Change	Somewhat Improved	Much Improved
1.	Generally has a good relationship with playmates or friends (peers), including classmates	1	2	3	4	5
2.	Generally exercises acceptable self controls.	1	2	3	4	5
3.	Generally is outgoing	1	2	3	4	5
4.	Generally is at ease in expressing feelings, desires, problems, opinions, etc.	1	2	3	4	5
5.	Generally has a good relationship with adults (other than parents).	1	2	3	4	5
6.	Generally has a good relationship with parents.	1	2	3	4	5
7.	Generally has a good relationship with brothers and sisters.	1	2	3	4	5
8.	Generally can show anger and aggressiveness in appropriate ways.	1	2	3	4	5
9.	Sets realistic goals for himself (herself).	1	2	3	4	5
10.	How would you describe the child's overall behavior?	1	2	3	4	5
11.	How would you describe the child's overall emotional growth?	1	2	3	4	5
12.	Displays an awareness of the needs and feelings of others	1	2	3	4	5
B.						
1.	Is aware of his (her) academic deficiencies and seeks help in these areas.	1	2	3	4	5
2.	Is regular in attendance and punctuality at school	1	2	3	4	5
3.	Is at ease in the school environment.	1	2	3	4	5
4.	Accepts help in school when offered.	1	2	3	4	5
5.	Appears to be involved in learning situations.	1	2	3	4	5
6.	Seems to have a good attitude toward school.	1	2	3	4	5

C.

Please circle either yes or no in response to the questions asked below.

1. Has the Center helped you gain a better understanding of your child? Yes No
2. Has the Center worked with and gained the needed support from the school in its attempt to help your child? Yes No
3. Do you feel that your relationship with your child has improved since he (she) has been seen at the Center? Yes No
4. Are you now better able to communicate with the child's teachers than before the child came to the Center? Yes No.
5. Since your child has been seen at the Center, has he (she) improved:
    a. academically? Yes No
    b. socially? Yes No.
    c. emotionally? Yes No
6. Would you attribute any of the improvements indicated in question #5 above to the efforts of the Center? Yes No
7. Would you send another child of yours to the Center if such help were needed? Yes No
8. Would you recommend the Center to other parents and teachers for help with children having learning problems? Yes No

E. Parent Program

Please circle either yes or no in response to each question asked below.

1. Have your sessions in the group or individual sessions changed your self-concept? Yes No
2. Do you have a greater knowledge of your ownself? Yes No
3. Do you have a greater understanding of your child's problem? Yes No
4. Do you want to continue coming to the DLC? Yes No
5. Have your inter-personal relationships with your family improved? Yes No
6. Have your relationships with people improved? Yes No
7. Do you think that your sessions have helped in resolving some of your child's problems? Yes No

Comments: (You may use the back of this form if you wish.)

DIAGNOSTIC LEARNING CENTER
112 NORTH BELMONT AVENUE
ARLINGTON HEIGHTS, ILLINOIS 60004

MAY, 1969

PARENT INQUIRY

Please circle the numeral corresponding to the best response for each statement given or question asked. Please return this form, in the enclosed self-addressed, stamped envelope, by Friday, May 16, 1969.

In Parts A and B describe, as best as possible, the changes you have observed in your child by comparing his (her) present behavior and attitudes to what they were in September 1968.

		Much Worse	Somewhat Worse	No Change	Somewhat Improved	Much Improved
A.						
1.	Generally has a good relationship with playmates or friends (peers), including classmates	1	2	3	4	5
2.	Generally exercises acceptable self controls.	1	2	3	4	5
3.	Generally is outgoing	1	2	3	4	5
4.	Generally is at ease in expressing feelings, desires, problems, opinions, etc.	1	2	3	4	5
5.	Generally has a good relationship with adults (other than parents).	1	2	3	4	5
6.	Generally has a good relationship with parents.	1	2	3	4	5
7.	Generally has a good relationship with brothers and sisters.	1	2	3	4	5
8.	Generally can show anger and aggressiveness in appropriate ways.	1	2	3	4	5
9.	Sets realistic goals for himself (herself).	1	2	3	4	5
10.	How would you describe the child's overall behavior?	1	2	3	4	5
11.	How would you describe the child's overall emotional growth?	1	2	3	4	5
12.	Displays an awareness of the needs and feelings of others	1	2	3	4	5
B.						
1.	Is aware of his (her) academic deficiencies and seeks help in these areas.	1	2	3	4	5
2.	Is regular in attendance and punctuality at school	1	2	3	4	5
3.	Is at ease in the school environment.	1	2	3	4	5
4.	Accepts help in school when offered.	1	2	3	4	5
5.	Appears to be involved in learning situations.	1	2	3	4	5
6.	Seems to have a good attitude toward school.	1	2	3	4	5

C.
Please circle either yes or no in response to the questions asked below.

1. Has the Center helped you gain a better understanding of your child? Yes No
2. Has the Center worked with and gained the needed support from the school in its attempt to help your child?
3. Do you feel that your relationship with your child has improved since he (she) has been seen at the Center? Yes No
4. Are you now better able to communicate with the child's teachers than before the child came to the Center? Yes No
5. Since your child has been seen at the Center, has he (she) improved:
    a. academically? Yes No
    b. socially? Yes No
    c. emotionally? Yes No
6. Would you attribute any of the improvements indicated in question #5 above to the efforts of the Center? Yes No
7. Would you send another child of yours to the Center if such help were needed? Yes No
8. Would you recommend the Center to other parents and teachers for help with children having learning problems? Yes No

COMMENTS: (You may use the back of the form if you wish.)

DIAGNOSTIC LEARNING CENTER
112 NORTH BELMONT AVENUE
ARLINGTON HEIGHTS, ILLINOIS 60004

MAY 1969

E. PARENT PROGRAM

Please circle either yes or no in response to each question asked below.

1.	Have your sessions in the group or individual sessions changed your self-concept?	Yes	No
2.	Do you have a greater knowledge of your ownself?	Yes	No
3.	Do you have a greater understanding of your child's problem?	Yes	No
4.	Do you want to continue coming to the DLC?	Yes	No
5.	Have your inter-personal relationships with your family improved?	Yes	No
6.	Have your relationships with people improved?	Yes	No
7.	Do you think that your sessions have helped in resolving some of your child's problems?	Yes	No

COMMENTS: (You may use the back of the form if you wish.)

NEWSPAPER ARTICLES

APPENDIX C

Area Educators To Join Panel On Federal Aid

Several area educators will take part in a conference on "Federal Aid to Education; Its Impact — Bane and Boon" at Northern Illinois University, DeKalb, on May 5.

Robert D. Bright, director of Arlington Heights Dist. 25 Diagnostic Learning Center, will be a speaker.

So will Richard Stanowski, director of pupil personnel services at Forest View High School in District 214. He will discuss supervision of counselors.

Stephen D. Berry, director of District 214's Instructional Resources Center at Elk Grove High School, will lead a group session at the conference.

Other topics discussed include language arts coordination, individualized instruction, detection of potential dropouts, Title I programs for educationally-deprived youngsters, and elementary guidance programs.

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4 Townships Share In Learning Center

Four townships in northwest Cook County this fall will participate in a diagnostic learning center, administered by Elementary School District 25 in Arlington Heights.

The clinic, financed by an anticipated $190,000 federal grant, will open at Elk Grove High School as soon as personnel, equipment, and materials are obtained.

THE CENTER will provide the area with a highly specialized team of psychologists, guidance workers, learning specialists, and medical personnel to assist parents and teachers in understanding children with severe learning problems and to help develop effective educational programs for them.

According to District 25 assistant administrator Robert Campbell, the district is in the process of hiring a director for the center.

The diagnostic learning clinic will be administered by a steering committee of superintendents appointed by the Arlington Area Superintendents' Council.

The center comes under the provisions of Title III of the Elementary and Secondary Education Act of 1965 beginning July 1, 1966.

CLINIC SERVICES are expected to be used by approximately one per cent of a total school population of 66,000 public and parochial children from kindergarten through 12th grades.

Children will be referred to the center by school personnel for complete diagnostic study. The center personnel will then work closely with parents and teachers to effect changes in learning behavior.

At the center, the child will be tested extensively by the staff, given a complete medical examination, and his parents will be interviewed.

Based on the findings of the clinic, an educational program for the child will be set up with his teacher and school staff.

(B10

High School Considers Area Plan

The participation of High School Dist. 214 in the diagnostic learning center project administered by Elementary Dist. 25 and the utilization of its services for Dist. 214 students will be a topic for action by the high school board at the Tuesday, July 19, meeting.

The proposal to authorize participation was on last Monday's agenda but was tabled to next week on the recommendation of board member Bill Griffith.

"With more and more federal funds becoming part of the educational system the board should be as thorough in investigating federal projects as they are with projects supported by local tax monies," said Griffith.

He requested that the board have proper time to study the project before taking official action.

THE CENTER was approved in June by the state and U.S. Office of Education with Dist. 25 as the administrative district for public and parochial schools within the boundaries of high school districts 211 and 214.

The center will provide diagnostic services, psychoeducational assistance and remediation for children with severe learning problems. It will provide in-service training for teachers also.

The Dist. 214 administration has recommended participation in the project and the utilization of its services for the students.

District 214 Joins Diagnostic Center

Unanimous approval to participate in Arlington Heights Elementary District 25's cooperative diagnostic learning center was given by the High School District 214 board Tuesday night.

Board member William Griffith of Arlington Heights had earlier asked a week's postponement to study the diagnostic center proposal, which will be financed with federal funds.

Tuesday he joined with other board members in approving high school use of the diagnostic center facilities.

BUT HE voted "no" on another board-okayed proposal involving funds available under Title III of the Elementary and Secondary Education Act.

He cast the only negative vote as the board approved a $30,000 extension of in-building TV facilities that would include utilization of some $12,000 in instructional resource center funds for equipment.

Griffith said he had strong qualms about the legality of using Title III funds to finance District 214 improvements.

His pointed question in that regard brought assurances, however, from both Asst. Supt. Edward H. Gilbert and instructional coordinator Charles J. Miller that such a use was proper. They said the facilities could also be used for production of educational tape recordings for other schools' use.

THE DIAGNOSTIC learning center, originally sponsored by the high school district but later revised and okayed with the Arlington Heights elementary school district as project head, will diagnose and help treat learning difficulties in children.

Gilbert told the school board the center would function as an additional resource facility for the high school.

He said that for the estimated one per cent with severe learning disabilities, the center would be "an extension" of the high school's efforts.

"We should—as other districts should—continue to do all we can to help these students first," the superintendent-elect said.

DLC at Elk Grove

How many times have you walked through the English Department? Plenty of times, right? Well, have any of you ever noticed room 138? Probably not, so let me tell you what it's like.

The Diagnostic Learning Center, headed in our school by Mr. Robert Bright, is aimed at helping those students who have learning problems. They believe that these problems can be lessened when a student's difficulties are studied and corrected.

The preparation of materials and planning of instruction will be done, for the most part, at the Center itself, while the main portion of the administering of the program will take place in the classroom under the direction of the classroom teacher.

The four services each have separate functions to perform.

The Diagnostician tries to find out the reason for the student's malfunction(s) through testing. He first tests their vision and hearing, and if the clients are suspected of having deficiencies in either of these two areas they are referred to a specialist for further diagnosis and treatment.

Other tests will be taken to determine the student's aptitude and potential in subject areas.

It is the job of the guidance counselor to determine what effect internal factors, such as self concept, and the external factors, such as environmental pressures, have on student's underachievement.

He will gather meaningful information through conferences with the student and his parents, academic records, personal data forms and records of past experiences. All of this information is shared with the learning center staff in order that further avenues of exploration may be considered.

Then, through additional conferences with the client, the counselor will assist in identifying students with special abilities and/or needs.

Next is the Learning Specialist, whose main job is to prescribe an educational program for the client. He then assists the classroom teacher in putting this program into effect, evaluates it, and reappraises the student's total performance.

The Learning Specialist, being interested in all facets of the student's personality, establishes a relationship with him by making the student aware of his interest and desire to help him.

After a student is accepted, a psychologist determines how the child's personality characteristics relate to his learning problem.

Please save!

Bright Named Center Head

Robert Bright, principal of Dwyer and Patton Elementary Schools in Arlington Heights, has been appointed director of the diagnostic learning center scheduled to open this fall at Elk Grove High School.

His appointment was approved by the Elementary District 25 School Board Tuesday. No appointment was made to fill Bright's current position.

ROBERT BRIGHT

The center, scheduled to serve four townships in Cook County, Elk Grove, Wheeling, Palatine and Schaumburg, is expected to operate on an 11-month school year.

It has been made available to District 25 under a $190,000 federal grant under Title III of the Elementary and Secondary Education Act of 1965.

BRIGHT HAS been principal of the two elementary schools since 1962, when they were opened. From 1958 until that time he had been an audio-visual and testing consultant in the district. He lives at 1145 N. Douglas Ave., Arlington Heights with his wife and two children.

A veteran of both World War II and the Korean War, Bright holds an undergraduate degree from Illinois State University and a master's degree in guidance and administration from the University of Illinois.

Bright has held teaching positions in the Arlington Heights school system.

He was public relations representative of District I, Lake Shore Division, Illinois Educational Association (IEA), 1958-60; and a delegate to the IEA convention, 1959; and a member of the Council for the Exceptional Child, National Education Association, 1958-62.

With the appointment of a director, the diagnostic center can, according to Supt. Ralph E. Clabaugh, begin organizing, hiring of other personnel and planning facilities in the schools.

Diagnostic Learning Center Organization Is Under Way

An early October opening date has been set for the diagnostic learning center, a federally-financed project administered by Arlington Heights Elementary District 25.

Director Robert Bright, in describing the purpose of the pilot project, emphasized this week that the center would not take the "ivy tower" approach toward learning.

"Our task will be to apply learning theory to practical use at the center and in the classroom," he said.

Presently, Bright is in the process of hiring staff personnel, working with architectural drawings for the layout of the center, and establishing guidelines for a center program.

Eight of the 13-member staff have been hired. According to Bright, all new personnel have previously taught in District 25 schools.

They are: diagnostician—Mrs. Marilyn Snyder, a teacher at Olive School; learning specialists—Miss Eleanor Balles, from North School; Stanley Grabaret and Duane Peterson from South Junior High School; Ronald Smith from Park School; and Miss Sheila Wilson from Dwyer School.

Mrs. Maribelle Gates has been hired as secretary to the director of the center.

TO FILL out the staff, one psychologist, two guidance counselors, one diagnostician and one more secretary are needed. Chester Raasch, personnel director of District 25, is presently seeking applicants for these vacant positions.

The three-classroom complex in Elk Grove High School where the center will be housed, will be divided into three basic areas. Bright noted that one area will be utilized for diagnosis and counseling. Here the child referred to the center will be tested extensively, and student-parent conferences will be held.

In another area, learning specialists will work individually with youngsters using remedial machines.

A REMEDIAL machine is a mechanized aid designed to sharpen the youngsters' learning skills. For example, a reading accelerator is a remedial machine which flashes sentences across a screen at a controlled rate. This is aimed to help a child to read and comprehend faster.

The third area will house administrative and staff offices for the center.

Remodeling of the high school classrooms will be underway shortly, according to Bright. These facilities are temporary until the center can move into the present Arlington Heights Memorial Library building. The center recently purchased the building, to be vacated when the municipal library is built.

A program guidebook, to be written by the staff in August will be submitted to area superintendents for approval.

This program is to include such items as definition of an "under-achiever," a listing of the means of referring a child to the center, services the center will provide, and job specifications of center personnel. nel.

ACCORDING TO Bright, present plans call for approval of the program and referral system by superintendents in mid-September.

PADDOCK PUBLICATIONS THURS., AUG. 4, 1966

The center, designed to diagnose and treat learning difficulties in children, is financed by a $193,000 federal grant under the provisions of Title III of the Elementary and Secondary Education Act.

Services of the center will be available to children in kindergarten through 12th grades at public and private schools in Elk Grove, Palatine, Schaumburg, and Wheeling townships which cooperated in submitting the project to the federal office of education. Recently High School District 214 voted to participate in the project.

Bright estimated that 600 to 700 children would be served by the center's facilities over a three-year period.

It is expected that the pilot project will reapply for additional federal aid after its first year of operation. (B10

Diagnostic Center: All It Needs Are The Kids

10-6-66

All they need are the kids.

The diagnostic learning center, located at Elk Grove High School, is ready to begin operations, according to Director Robert Bright.

Highly-sophisticated learning equipment and office furniture have been installed in the center's three-room complex at the high school.

The four learning specialists are traveling to area schools to talk with principals and become acquainted with facilities in each building.

Program announcements and referral procedures, compiled by the staff earlier this fall, have been distributed to the participating public and parochial school systems.

The federal government has given the go-ahead sign for remodeling plans to transform classrooms into offices and meeting rooms for the center.

BRIGHT SAID THE staff would begin working with children having severe learning problems as soon as they were referred to the center by school principals.

Diagnosis and prescription are the two basic phases of operation at the center, according to Bright.

The staff—including a diagnostician, guidance counselor, learning specialist, and psychologist—will first attempt to uncover the "cause" of a child's learning problems.

The second part will involve developing an educational program to overcome the problem. A key link in this phase, according to Bright, will be the learning specialist who will work directly with classroom teachers in developing programs for individual children.

THE CENTER, A model project financed by a $193,000 federal grant, is sponsored by Arlington Heights Elementary District 25.

Other schools participating in the program are public and private schools in Palatine, Elk Grove, and Wheeling Townships.

"We will be working through programs existing in the schools," Bright said, and cited instructional resource centers as an example.

He said where there were no programs for children with learning problems, the center would help build a program.

"Because this is a model center, our purpose will be to show other schools in the United States how to work with youngsters learning problems," Bright said.

"**IN ADDITION**, we hope to come up with descriptions of children who can be helped in classrooms with this additional aid," he said.

Bright pointed out that there were two types of children with severe learning difficulties. First, those who can be helped by present programs and classroom teachers. Second, students who need intensive help through psychiatrists, and special tutors.

"I think by coming up with these descriptions, we will lead toward development in education of special programs for children on an individual basis," he added.

Bright continued, "Severe learning problems are complex. Our job will be to find out why a youngster is not learning and then to make him fully aware of his potential and free in his choice of what to do."

Maximizing possibilities for a youngster to learn is a major goal of the center, Bright said.

THE CENTER will be available to students in kindergarten to 12th grades. About 600 children out of the total 65,700 student population in the area are expected to use the services of the center.

Bright said there was still a need for one additional learning specialist. Specialists have been selected on the basis of successful elementary teaching, curriculum studies, and an ability to work with other teachers and with children having learning problems, according to Bright.

Though the center itself is a referral agency, it will refer cases requiring remedial or therapeutic help to other agencies.

BRIGHT SAID PART of the organization has been to contact family agencies and charity groups for this purpose.

An open house for the center is slated later in October when remodeling has been completed.

Four-Month Progress Report

Blazing Trails in Learning Difficulties

Reprinted from Palatine Edition, Paddock Publications.

How to translate the diagnosis of a child with severe learning problems into a classroom program.

That's the main goal of the four-month old Diagnostic Learning Center, located in Elk Grove High School and serving a four-township area.

The center, which held an open house Tuesday, [Jan. 31] has worked with 36 youngsters since it began operations in October.

Primarily from elementary grades, the children come to the center because of marked learning difficulties. They are two or more years behind their potential in classroom achievement, and they are troubled with self-conflicts which hamper learning.

The center, the only one of its kind in the country, has a staff of 11 who test, diagnose and set up individual programs with teachers for the "problem" child.

Robert Bright, director, said the model project hopes to learn first whether these students can be helped adequately. If the project is successful, the center will act as a model for other school districts interested in setting up a similar program.

Parents, teachers and principals as well as the center's personnel become involved in the diagnosis and treatment of a child.

After he is referred, a youngster undergoes intensive testing. His academic ability is tested by the center's diagnostician, Mrs. Marilyn Snyder. Psychological tests are conducted by Charles Joly, the center's psychologist.

The child's parents also meet with one of two guidance counselors.

All the information compiled through these tests and meetings is analyzed at an in-progress staff meeting.

Cont. next column

At that time, one of the center's seven learning specialists enters the picture. The specialist transforms the diagnosis into a program of instruction.

The specialist works with the classroom teacher in a type of in-service training. He experiments with various instructional materials, helps the teacher to carry out and evaluate the program, and works at adapting the program to meet the child's changing needs.

According to Bright, teachers have been cooperative in working with a "problem" child in connection with the center.

The specialist also works with the child individually at the center. A child comes to the center for one to two hours of remedial help each week.

Learning specialists try to reach a child by emphasizing his interests. Many of the boys, said one specialist, are sports-minded, so he has them improve reading skills by reading sports books.

One of the most important aspects of remedying a child's behavior, Bright pointed out, is the parents' involvement.

"If a parent initiates the move to refer his child to the center, there is a greater chance of success," he said.

He indicated that though the center is not staffed for family counseling, it does refer parents to other counseling agencies.

The center, which is sponsored by Arlington Heights Elementary District 25, is financed entirely by a $193,000 federal grant. The assistance comes through Title III of the Elementary and Secondary Education Act of 1965.

Bright estimated that about 10 per cent of the 70,000 students in the four-township area could qualify for referral. "But we

Cont. next column

Learning Difficulties cont.

won't be able to serve all these," he said.

He said the center now has a waiting list of about nine children.

The center, though funded for only a year, hopes to receive additional aid for two years.

After that time, Bright said, if the project proves successful, local school districts may take over the financing.

Temporarily housed in three remodeled classrooms at Elk Grove High, the center eventually will be located in the present Arlington Heights Memorial Library, 112 N. Belmont Ave.

Open House Tuesday

An open house at the Diagnostic Learning Center at Elk Grove High School, will be held Tuesday, Jan. 31 from 1 to 4 p.m. and from 7 to 9:30 p.m. The public is invited to attend.

The Diagnostic Learning Center is a service provided for children from kindergarten through high school age who have severe learning problems. It is open to public and parochial school children who reside in Wheeling, Palatine, Elk Grove of Schaumburg townships.

Arlington Heights Elementary School Dist. 25 is the administrating district for the center.

The center is presently housed in rooms 138, 140 and 142 at Elk Grove High School, 500 W. Elk Grove Blvd., Elk Grove.

The services of a psychologist, an academic diagnostician, a guidance counselor and a consulting psychiatrist are provided through the center.

Educators Invited To Learning Center

Invitations have been sent to area educators to attend an open house at the Diagnostic Learning Center, located in Elk Grove High School.

The open house is scheduled for Tuesday from 1 to 4 p.m. and 7 to 9:30 p.m.

The center, administed by Arlington Heights Elementary District 25, opened last fall with a $193,000 federal grant under the provisions of Title III of the Elementary and Secondary Education Act.

The center is designed to diagnose and treat learning difficulties in children.

Services of the center are available to public and parochial students in a four-township area. (B10

Center To Hold Open House

An open house will be held Jan. 31 at the new Diagnostic Learning Center of School District 26 at 500 W. Elk Grove blvd. in Elk Grove Village from 1 to 4 p.m. and 7 to 9:30 p.m. The Center is located in rooms 138, 140 and 142 of the Elk Grove High school.

The development of the Diagnostic Learning Center, done largely with federal funds under Title III of the federal aid to education program, is operated under the direction of the elementary school system of Arlington Hts., School District 25. However, through working agreements with other public and private school s in Mt. Prospect, Elk Grove, Schaumburg, Palatine and other villages in the area a great many children will be served by the new institution. Children in grades K through 12 may be referred to the Center by teachers, school principals or the parents themselves.

After referral, an in-depth study of the child's problems with special emphasis on the child's academic deficiencies is made. The study is made by a special diagnostic team composed of a psychologist, guidance counselor, psychiatrist and a teacher trained in testing a child's progress regarding mathematics, reading, and/or sight or hearing difficulties.

After diagnosis, recommendations are made and a program is set up to meet the child's individual needs. The center assists the classroom teacher in carrying out the program.

The child will usually begin within two to three weeks after referral to the center.

Blazing Trails in Learning Difficulties

FOUR-MONTH PROGRESS REPORT: Feb. 2, 1967

How to translate the diagnosis of a child with severe learning problems into a classroom program.

That's the main goal of the four-month-old Diagnostic Learning Center, located in Elk Grove High School and serving a four-township area.

ROBERT BRIGHT, director, and Mrs. Eleanore Balles (right) a learning specialist, demonstrate a controlled reader to visitor Mrs. Robert Ramsaier. The reader flashes words on a screen at a controlled rate. This and other equipment at the Diagnostic Learning Center were purchased with federal funds. (Staff Photo)

The center, which held an open house Tuesday, has worked with 36 youngsters since it began operations in October.

Primarily from elementary grades, the children come to the center because of marked learning difficulties. They are two or more years behind their potential in classroom achievement, and they are troubled with self-conflicts which hamper learning.

The center, the only one of its kind in the country, has a staff of 11 who test, diagnose and set up individual programs with teachers for the "problem" child.

ROBERT BRIGHT, director, said the model project hopes to learn first whether these students can be helped adequately. If the project is successful, the center will act as a model for other school districts interested in setting up a similar program.

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The child's parents also meet with one of two guidance counselors.

All the information compiled through these tests and meetings is analyzed at an in-progress staff meeting.

AT THAT TIME, one of the center's seven learning specialists enters the picture. The specialist transforms the diagnosis into a program of instruction.

The specialist works with the classroom teacher in a type of in-service training. He experiments with various instructional materials, helps the teacher to carry out and evaluate the program, and works at adapting the program to meet the child's changing needs.

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Learning specialists try to reach a child by emphasizing his interests. Many of the boys, said one specialist, are sports-minded, so he has them improve reading skills by reading sports books.

One of the most important aspects of remedying a child's behavior, Bright pointed out, is the parents' involvement.

"IF A PARENT initiates the move to refer his child to the center, there is a greater chance of success," he said.

He indicated that though the center is not staffed for family counseling, it does refer parents to other counseling agencies.

The center, which is sponsored by Arlington Heights Elementary District 25, is financed entirely by a $193,000 federal grant. The assistance comes through Title III of the Elementary and Secondary Education Act of 1965.

Bright estimated that about 10 per cent of the 70,000 students in the four-township area could qualify for referral. "But we won't be able to serve all these," he said.

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Temporarily housed in three remodeled classrooms at Elk Grove High, the center eventually will be located in the present Arlington Heights Memorial Library, 112 N. Belmont Ave. (B10

Marilyn Snyder
Diagnostician

A KEYSTONE TELEBINOCULAR is part of the diagnostic equipment at the Diagnostic Learning Center. Above, the center's diagnostician, Mrs. Marilyn Snyder, explains the use of the device to visitor Mrs. James Walsh. The center held an open house Tuesday.

Diagnostic Center Rental OKd

(3-15-67)

The Arlington Heights elementary school board has directed its administration to "execute a rental agreement" with High School Dist. 214 to lease space at Elk Grove High School for the Dist. 25 Diagnostic Learning Center.

The lease is to run from July 1, 1967 to June 30, 1968, at a cost of $5,500 paid in quarterly installments.

Ralph E. Clabaugh, district superintendent, asked that a 30-day cancellation clause be added to the present rental agreement because of the chance the district may soon be able to move the center into library building space.

Wheeling Herald
November 5, 1967

STUDY SCHOOL CO-OPERATIVE

by **MARY SCHLOTT**
Staff Writer

Northwest suburban school districts may pioneer a new type of co-operative school that could initiate a new pattern for sharing services among Chicago's suburban schools, Wheeling District 21 Supt. Kenneth Gill told Paddock Publications Friday.

Such an organized co-operative could give local schools many of the benefits of a kindergarten - through - 12th - grade unit district considered not feasible for this area now because of the ever-present need to build more schools, Gill said.

The co-operative proposal is being developed for the Northwest Suburban Superintendents' Assn. by a committee that Gill heads. The approach could give the Superintendent of Public Instruction's new state office of school organization an option to consider when it takes on a study of unit districts in the northwest suburban area next year.

ELK GROVE District 59 plans to seek such a unit district study as soon as the newly-authorized state office can take the project on, according to Supt. Donald Thomas.

Gill said he is not alone in his opinion that a new northwest suburban school co-operative with services available to any school district in Wheeling, Elk Grove, Schaumburg and Palatine Townships could give area elementary and secondary school districts many of the benefits of unit district organization.

William McLure, University of Illinois professor who served as executive director for last year's Task Force on Education study of state school needs, has already agreed to assist with the area superintendents' study.

Gill said McLure also sees the general-service co-operative as an alternate which suburban dual districts could adopt until they can afford to organize as unit districts.

"McLURE IS very excited about this," Gill told the Herald.

Barrier to a unit district for most of this area, Gill explained, is the bonding limit imposed by Illinois' 1870 constituion. The document permits governmental units to issue bonds only up to five per cent of their assessed valuation,

Suburban school men, running hard to keep up with a rising population needs, sidestep the bonding ceiling by organizing separate taxing bodies to operate elementary and secondary schools. Even the 10 per cent bonding capacity available to dual districts (because the same assessed valuation is counted twice) is often too low for suburban classroom needs.

Gill said the study the superintendents have in mind would consider these questions:

—What services can best be provided to schools on a multi-district basis?

—What method of cost sharing is most feasible?

—What organizational structure can provide these activities most efficiently?

HE NOTED that area school districts already have several co-operatives going, the oldest and most successful being the Northwest Suburban Special Education Organization.

"But we can't afford to segment our effort into 100 different slivers," declared Gill.

The proposal for a general study of co-operatives is an outgrowth of the superintendents' discussion of how to "phase in" to local support services now being given to four co-operatives operating in the northwest suburban area with federal funds from Title III of the Elementary and Secondary Education Act.

The superintendents' talks started about six months ago. Assigned to study the problem were Gill, Prospect Heights District 23 Supt. Louis Pansino, Schaumburg District 54 Supt. Wayne Schaible and High School District 214 Supt. Edward H. Gilbert.

THE DECISION to take a broader based approach was affirmed by the superintendents in October.

Initial money for the study will come from $11,000 in the budget of District 214's Instructional Resources Center. The Title III grant for the center, designed to stimulate teaching aids throughout the northwest area, runs out in September, 1968.

Gill said he hopes to also draw on funds from the other three Title III projects in the area: the training and development center operated by District 59, the diagnostic learning center which Arlington Heights District 25 sponsors, and the community schools program operated by TORCH, made up of community and governmental agencies in the Wheeling-Buffalo Grove area.

THE SUPERINTENDENTS' group will also seek support for the project from the new state department of school organization.

This department is the one which must carry out a unit district survey for the northwest suburban area if District 59 makes a formal request after the department is organized in January.

Nov. '67

School Leaders Study Joint Needs And Goals

The Northwest Suburban Superintendents Assn. has firmed up details of its new study of area school co-operative needs, and is now looking for a director.

Dist 59 Supt. Donald Thomas has been added to the project's planning committee and has put aside his plans for a separate study of feasibility of a unit district for Elk Grove Township.

Kindergarten through 12th grade unit school districts throughout the four-township northwest suburban area will be one of the alternatives examined as part of the superintendents' research project. Wheeling Supt. Kenneth Gill hopes the study can be completed by next September.

Gill is chairman of the committee planning the project in the 10 elementary and high school districts in Elk Grove, Wheeling, Schaumburg and Palatine Townships.

HE IS currently interviewing local schoolmen interested in serving as project director. Selection of the director is expected to be announced by mid-December, Gill told Paddock Publications Thursday.

In addition to considering feasibility of unit districts for the northwest suburbs, the research project is expected to look at three other alternatives:

—Maintaining the status quo, continuing separate operation of the 10 school districts with only limited cooperation in such areas as special education.

—Expanding areas of shared service by establishing a general purpose cooperative, voluntarily supported.

—Formation of a regional or intermediate school district, not yet tried anywhere in Illinois but recommended by the state Task Force on Education report last year as a replacement for county school superintendents.

GILL STRESSED that the superintendents were not forced into a study of unit district feasibility by the Elk Grove Dist. 59 move for such a survey on its own.

"We have always planned to include this," he declared.

To finance the study, the superintendents association will use $11,000 available to the Instructional Resourdes Center operated by High School District 214 under a grant from Title III (Projects to Advance Creativity in Education) of the Federal Elementary and Secondary Education Act.

Other funds will be sought from budgets of the area's other three Title III projects—the District 25 Diagnostic Learning Center, District 59's teacher Training and Development Center, and District 21's Community Schools Program.

Gill credits success of the federally-financed Title III co-operatives with paving the way for the superintendents' proposed broad-scope study. His committee was originally asked to develop ways to "phase in" the Title III programs to local school support.

DR. RALPH Lundgren, director of the Office of Public Instruction's department of research and development, has promised state assistance, Gill says.

Serving as an advisor for the project will be Lundgren and Dr. William McLure, director of the Bureau of Educational Research of the University of Illinois and executive director for last year's Task Force.

Nov. '67

Offer Series On Learning Problems

"Is There Hope for the Child with Severe Learning Problems" is the topic of a program to be given for educational leaders next Wednesday evening at the South Junior High School. The program is to be presented by the Arlington Heights Public Schools and is the first of three to be given during the 1967-68 school year.

Invitations are being extended to organizations in the community with special educational interest, including the executive boards of all PTA units, teachers and administrators, the Borad of Education of Dist. 25 and educational representatives of the community organizations in Arlington Heights.

The program on Wednesday evening will be given by the staff of the Diagnostic Learning Center. Director Robert Bright of the Center will be in charge. The Center is maintained by Dist. 25 and it also serves neighboring districts as well.

Center Sees Accomplishments In Work with Problem Kids

by **MARY DRESSER**
Staff Writer

Arlington Heights Dist. 25 schools are attacking the puzzle of children with severe learning problems and beginning to make headway.

Robert Bright of the diagnostic learning center told members of the board of education, representatives of community organizations and teachers Wednesday night that the program funded by the federal government under a Title III grant offers hope for the severely limited child.

During the 1966-1967 school year the Dist. 25 center spent $147,000 in federal funds on the project.

TO BE ELIGIBLE for diagnostic care the child must be at least two years below his potential in academic work, show evidence of extreme personality conflict, and not be eligible for a physically or mentally handicapped program.

Bright said the program's most pressing requirement is allowing teachers enough time to carry out the program for the child after diagnosis has been made.

The teacher's lack of awareness of the proper materials and the approach necessary to reach a child who is producing far below his age level, is another problem.

"This child is so tied up emotionally that he has little, if any, energy left to devote to anything, much less the rigors of school-related tasks," Bright said.

The child in such a situation sometimes believes the school and the parents are "forcing him to expose his weakness" by giving him extra work and calling in tutorial help.

Bright said existing psychological services have a hard time locating and placing the child in the diagnostic program because the district needs to add another school psychologist to strengthen its hard-pressed staff.

It is important for the schools to carry out the suggestions of the learning center diagnosticians, Bright said. Clinics outside the framework of the schools, such as private or university centers, often look at the child in terms of what is personally necessary for him without considering the child's position in the school setting.

Approximately 1,400 children, or about two per cent of the 70,000 children attending both public and parochial schools in this area could qualify for the service of the center, Bright said.

Schools in the area may refer any child needing diagnostic services to the center. A quota system has been adopted so that each school district or parochial school may place a given number of cases in the center depending on the population of the school.

When a child arrives at the center, he is given both intelligence and personality diagnostic tests. Later the counselors spend time with the parents to see how the child sees the home and how the parents see the child.

The learning specialist will visit the school to talk to the teacher and observe the child in the classroom.

After testing, the staff discusses the child. Arrangements are then made for the child to spend an hour-long session at the center while the specialists help develop a program which can be used by the school.

The complete evaluation is then presented to the child, his parents, and the classroom teachers.

The specialist will re-examine the child's case every six months and keep in contact with the teachers and the parents.

At the close of Bright's remarks, board president Robert Bukowski said the value of the center had made a lasting impression on him.

"It is regrettable that we are a district having severe economic problems," Bukowski said. "It is obvious that all the learning center needs to do a better job is more money."

Diagnostic Center Seeks Treatment Facilities, Too

If Washington approves, treatment for emotionally disturbed northwest suburban school children will be offered next year by Arlington Heights Dist. 25's Diagnostic Learning Center.

The service, funded from the center's three-year grant under Title III of the federal Elementary and Secondary Education Act, will be available to children throughout the area.

The plan, outlined Monday at a Dist. 25 board meeting by center director Robert Bright, calls for a major change in focus for the Diagnostic Learning Center.

Until now, Bright told the school board, the center has offered diagnostic services only.

IT HAS WORKED almost exclusively with children who are two years or more behind their expected academic levels.

Bright has had preliminary talks about the treatment plan with both state and federal officials and expects to receive word of final action from the U. S. Office of Education some time next week.

Some 250 children could be treated by the center during the year of federal funding, Bright told the Herald.

Some 200 children have been evaluated by center experts during the two years the Diagnostic Learning Center has been funded so far.

CENTER EXPERTS have found that 90 per cent of the children evaluated are behind in school because they have emotional problems that interfere with learning.

Bright said that treatment services for these children are very scarce.

He called the Illinois Department of Mental Health's Reed Zone Center the nearest treatment center, and said it currently works only with about 75 or 80 children in an in-patient program.

By 1969 every school district must assume responsibility for providing classes to meet the needs of their emotionally disturbed or socially maladjusted children.

The Northwest Suburban Special Education Organization has projected a 1969 need statistically, for 143 classes in the northwest area for the socially maladjusted children and 67 classes for emotionally disturbed children.

DURING the current 1967-68 school year four of the 10 school districts in the NSSEO offer 27 special education classes of this type, four for socially maladjusted children and 23 for children with "personality adjustment" problems.

Bright's proposal would provide federal funding for Diagnostic Learning Center trial program, that could provide a basis for a step up in treatment of children with emotional problems.

The Diagnostic Learning Center change of focus will not cost more money. It would be financed with the same federally provided $195,000 budget initially proposed for a third year of diagnostic-only services.

The treatment project would mean some change in the center staff, including hiring of a consultant psychiatrist, another half-time school psychologist, several treatment specialists, with para-professionals and volunteers working under the experts' direction.

BRIGHT ESTIMATES some 250 children could be treated next year under the revised plan, with groups of 75 to 80 under care at one time.

Total cost of the year's operation would be $230,000, with the state providing $21,500 partial reimbursement for special education personnel's salaries and cost of transportation of children to the treatment center being borne one-fifth by their school district and four-fifths by the state.

The cost per child for treatment at the Diagnostic Learning Center would be roughly equivalent to the per child cost annually at Clearbrook Center for the Retarded.

6-5-68

From the Editor

Treatment Focus Sign of Progress

Arlington Heights Dist. 25's Diagnostic Learning Center, involving children from a four-township area, has spent two years taking an intensive look at children who were, for no obvious reason, two years behind their expected learning level.

The center's professionals found that 90 per cent of the children studied are behind in school because they have emotional problems that interfere with learning.

Now the Diagnostic Learning Center wants to do something about its findings.

IT HAS ASKED the U. S. Office of Education, which funds the center under a three-year grant from Title III of the Elementary and Secondary Education Act, for permission to become a child treatment center instead of a child study center.

Center director Robert Bright says the change in focus would not cost any more money.

He would use the federal grant's third year of funds to hire staff members with different professional skills, to help children correct their emotional problems.

The intensive plans call for therapists to work with children in groups of three to 10. Other staff members would help the children's parents work out ways to assist their child.

Superintendents in northwest Cook County's 10 elementary and high school districts have been briefed on the center's proposed switch to a child treatment program and have approved it.

WE HOPE Washington officials will do so, too.

Moving from evaluation to treatment seems a logical next step for the Diagnostic Learning Center and a good way to build on the $400,000 in federal funds already expended.

It could hardly come at a better time. In 1969, all school districts must assume responsibility for providing classes to meet needs of all school-age children, including those with emotional or adjustment problems.

Experience gained in the school-oriented therapy program the Diagnostic Learning Center plans can prove useful to all area school districts in 1969 as they take on additional responsibilities for serving children's needs.

As a Forest Hospital speaker pointed out last week at a seminar for municipal officials, American institutions have all too often spent time on diagnosing social problems without attempting to do something about them.

We commend School Dist. 25 and the Diagnostic Learning Center for moving ahead to tackle a problem that affects many of our children, directly or indirectly.

ARLINGTON HEIGHTS HERALD - JULY 10, 1968

Old Village Library Gets New Interior

The old village library near Recreation Park is being remodeled this month by its new owner, the Arlington Heights Dist. 25 school system.

Dist. 25 will use the old library building to house its Diagnostic Learning Center and the Instructional Resources Center operated by High School Dist. 214.

BOTH CENTERS will continue co-operative services with school districts in Wheeling, Elk Grove, Schaumburg and Palatine Townships under terms of their federal grants from Title III of the Elementary and Secondary Education Act.

About $45,000 of the $52,000 cost of remodeling will come from federal funds.

Work on the project is progressing rapidly, Asst. Business Mgr. Leslie Shadel says.

CHANGES IN the old library — referred to now as the Belmont Center by school officials — include electrical rewiring and construction of new office space.

The changes will divide the old library into numerous offices and work areas.

The Diagnostic Learning Center will be on the building's main floor.

HOUSED THERE will be the director of the center (yet to be named), six offices for learning specialists, a curriculum materials center, a conference room and six other offices for guidance counselors and diagnosticians.

On the ground floor the Instructional Resources Center will occupy a production office and work area, offset production room, two individual-instruction rooms, photographic work areas, a studio, clerical work area, a conference room and the office of the center's director, Stephen Berry.

Arlington Heights Herald Monday January 20, 1969

Board Calls for Broad Base For Cooperative Services

Representatives of 10 area school boards made major strides Saturday tward establishing a broad-based school cooperative for the northwest suburbs.

In doing so, the group made it clear that it intends to:

—Continue the most useful of the cooperative school services pioneered here in the past three years with federal funds, and

—Add any other school services that area boards of education think can better be provided jointly.

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PADDOCK PUBLICATIONS SUN., JULY 14, 1968

Some Cuts, Some Boosts In Federal School Bills

Local schoolmen, parochial and public alike, are watching anxiously the progress of federal aid to education bills now under consideration by Congress.

Prospects for continuation of northwest . suburban teacher training programs seem hopeful, thanks to House of Representatives action in restoring most of the cuts made by the House appropriations committee in Education Professions Development Act (EPDA) funds.

But continuation of present aid levels for improving school libraries, public and parochial alike, and for federally financing extra school assistance to area Mexican-American children is imperilled.

FUNDS AVAILABLE from the federal government for beefing up public and parochial school libraries will be cut in half next year if the House trimming of these funds is upheld by the U. S. Senate.

School districts received $1.90 extra per child from the federal government this year for library books and materials, the allotment for parochial school children being used for books placed on permanent loan in the parochial school library.

Wade Arends, assistant Cook County superintendent, says he has been advised by state school officials that local districts should expect cuts in both the library aid money, funded under Title II of the federal Elementary and Secondary Education Act, and Title I, which provides funds for programs to aid disadvantaged children.

He says the state expects a 15 per cent cut in the Title I funds available to Illinois next year.

Elk Grove Dist. 59 Supt. Donald Thomas, whose school district supervises an area Title II co-operative as well as receiving library aid on its own, says public schools will be less hurt by the library aid cut than parochial schools.

Public schools, with the assistance, have beefed up their libraries to the standards recommended by the state office of public instruction. Parochial schools had poorer libraries to sart and many of them still badly need the additional book funds.

Even the 15 per cent reduction in Title I funds could have a strong impact on local school districts' classes for Mexican-Americans.

ARLINGTON HEIGHTS Dist. 25, for example, has been using Title I funds for two years to hire teachers to tutor the Mexican-American children enrolled in its schools.

William Fritsche, director of instruction, told Paddock Publications last month that the federal monies have been reduced each year and it was necessary in 1967-68 to eliminate Mexican-American students of junior high age from the tutorial program as an economy measure.

The reduction in Title I aid to Dist. 25 took place despite any reduction in funds available at the state level. "We got less because more school districts around the state became interested in such programs," he explained.

Northwest suburban school districts hope to use Education Professions Development Act funds to continue operations of teacher in-service workshops offered now by Training and Development Center.

Some 500 teachers have attended center workshops this year to learn new ways of presenting coursework.

THE TRAINING and Development Center, operated by Elk Grove Dist. 59 for all schools in the four-township northwest suburban area, is now supported by a federal grant from the Elementary and Secondary Education Act's Title III. The grant will expire in September, 1969.

Whether the in-service teacher training can be continued after that will depend upon what federal and local funds can be freed to support it.

ARLINGTON HEIGHTS HERALD - January 17, 1969

School Planners Prepare for Busy Session

by MARY SCHLOTT

An early start is planned for tomorrow's meeting of superintendents and school board members charged with evaluating local cooperative school services and finding ways to finance those most needed.

Ted Seiler, the chairman, will call the meeting to order at 8 a.m.

A fat stack of homework already has been given the committee's 20 members, representing each of the 10 elementary and secondary school districts in the Schaumburg, Palatine, Elk Grove and Wheeling townships.

THEY HAVE been given proposals for future operations by the Northwest Suburban Special Education Organization (NSSEO) and by three federally financed education cooperatives — the Instructional Resources Center, the Training and Development Center and the Diagnostic Learning Center.

Directors of the three centers, whose grants will run out this spring, will be on tap to answer questions.

Other suggestions have come from the Arlington Area Curriculum Council, David Lechner of Wheeling Dist. 21's TORCH community resources project and Mount Prospect Dist. 57 Supt. Eric Sahlberg.

The Arlington Area Curriculum Council recommended that it take over all curriculum research and teacher training for the area.

LECHNER suggested that the four-township area use Wheeling's model project, the new state-funded Illinois Center for Community Education Development, for stimulating stepped-up community activities centering on use of school facilities.

Sahlberg recommended establishment of an educational cooperative to provide school services for local districts.

Among those the cooperative might provide, he said, are nurses, counselors, transportation, purchasing, food service management, speech therapy, vocational education and in-service training.

The Mount Prospect superintendent said the cooperative should be governed by a council elected by the area's school board members. Its administrator should be an executive director equivalent to a school superintendent.

Tomorrow's meeting is the second for Seiler's committee, established by the Arlington Area School Board Association and the Northwest Suburban School Superintendents Association.

The committee is following up on an area cooperation study begun by former Palatine Dist.

★ARLINGTON HTS. ★ 1/17/69
HERALD

Centers Will Tell Services

Proposals for continuing cooperative services will be given the four-township school study committee Saturday by both the Diagnostic Learning Center and the Instructional Resources Center.

Both centers share the same building, the old Arlington Heights public library building now owned by Dist. 25, but their reports are separate.

THE Instructional Resources Center (IRC) recommended three services for continuation:

—A visual aids production center for films, slides and other teaching aids that require specialized equipment to produce.

—A consulting service that will help local districts produce more of their own instructional aids and show teachers how to use them.

—A curriculum library that would pool the present IRC collection with books and other supplementary materials owned by each of the school districts.

THE REPORT says the production center would cost $135,000 to operate and that the curriculum library would need $42,000 annually for its operation.

THE REPORT acknowledged that such treatment by therapists is expensive and can be justified on the basis of "return of many times that amount to society in general" as well as individual children.

It also recommended three services:

—Psychological therapy for children with severe learning disabilities.

—In-service training for teachers who are, or will be, dealing with handicapped children in a regular classroom setting.

—Work with the children's families, who may also be under stress.

Cost of treatment for each child would average $850 annually, the report said.

Help Catching Up

Arlington Heights Herald - Jan. 17, 1969

by JOAN KLUSSMANN

One boy was so impressed with what he heard about the Diagnostic Learning Center in Arlington Heights that he came in himself, told his problems to the staff and asked for help.

The center, which only serves children referred by school districts, was touched with his story and quest for assistance. Staff members had conferences with his school and family, and the boy got his wish. He comes to the center regularly.

The center was set up in 1966 with federal funds applied for by School Dist. 25 and serves students from Wheeling, Elk Grove, Schaumburg and Palatine townships. For two years staff members took an intensive look at children who were, for no obvious reason, two years behind their expected learning level. They were failing in spite of their apparently normal abilities.

The study showed 90 per cent of these children were behind in school because of emotional problems which interfered with learning and last year the center successfully requested the government for permission to include a treatment program.

STAFF MEMBERS say that children look forward to visits and are keenly disappointed when a holiday or illness cancels their appointment.

This is easy to believe. A young girl dressed in blue throws open the door, eagerly shows fish bowls in the lobby to a young sister, waves hello to secretaries and talks easily to the staff.

She obviously feels "at home." A brown-eyed boy about 12 sits in an office laughing, and his eyes shine as he talks with a counselor.

Don Wegener, associate director, describes the center as a "last ditch effort" for school districts. High school students on the brink of becoming drop outs and younger pupils not eligible for existing special education classes are among those referred to the Center.

About 100 children are served at one time, all of whom attend regular classes at school. Chil-

(Continued on Page 4)

PLAY THERAPY is an important role in preparing children for learning readiness. Mrs. Barbara Hickey, learning specialist at the Diagnostic Learning Center in Arlington Heights, works with one of her students. School districts refer children to the center who are having difficulty learning in spite of apparent normal abilities. (Staff Photos)

Diognostic Center—

(Continued from Page 1)

dren with extremely severe problems are referred to private specialists or clinics.

ONCE REFERRED, the child faces an intensive diagnostic study which includes academic, personality and intelligence testing. Staff members visit the classroom and observe the child in the school setting. Vision and hearing are screened and the student's past history assessed.

Working with parents is an integral part of the over-all program. They are interviewed during the diagnostic work, take part in group education programs while their child is treated and receive suggestions relating to treatment of the child at home.

Games are a valuable tool in preparing the child for learning readiness. The overly aggressive student can use darts to diminish pent up hostility, motor coordination i sdeveloped in others, and teachers may establish a rapport with all by playing along.

Wegener pointed out that observing the way a student treats dolls often brings out some of the child's problems and that suggestions can be made about the dolls which the child will realize refer to his own behavior.

WEGENER IS delighted that the center, on Miner Street and Belmont Avenue, is so close to Recreation Park. "When there are no formal programs being held, we can bring the children over to use all facilities."

Staff members describe most of their students as "kids who have been handled inconsistently in the past now searching for behavior boundaries", or "pupils who have low opinions of themselves because of constant failure at school."

Teachers report that as treatment progresses the child develops a strong dependency relationship with the instructor. As the weeks go by and the child's confidence is built up, dependency diminishes. The student learns to work with a group of children before being discharged.

The rooms where the children work are filled with books, puppets, games and creative materials. The center, which stocks items not in use in the schools, will lend materials which a child works well with to his teacher.

ROOMS IN THE learning specialty wing do not have doors, and teachers may easily call to one another for suggestions. One specialist has an advanced degree in mathematics, one in reading and two others in general education.

Mrs. Barbara Hickey points out that it is more difficult for schools to pinpoint problems early in the quiet child. "The aggressive ones are actively crying out for help and are noticed; the passive student with problems can be overlooked for a long time,"

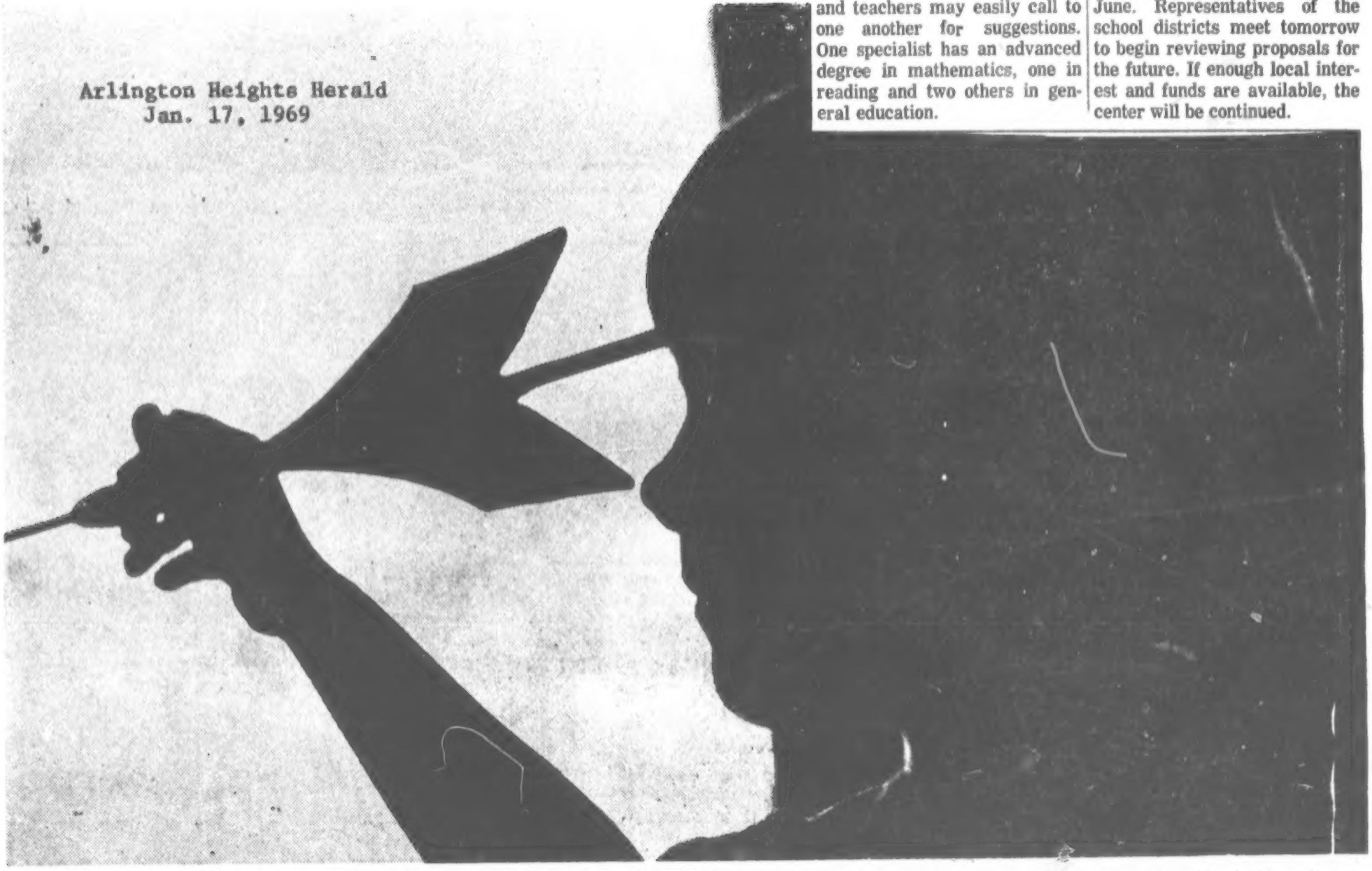
Wegener adds that the change in a passive child "can be frightening" while he is on the road to recovery. "The child tends to swing to the other end of the pendulum and become very aggressive before he attains a proper balance." The center works with the school, teacher and parents to prepare them to the possible personality change.

Staff conferences are held each week, and the entire first week in February will be devoted to consultations and exchanges of opinion concerning the children. In addition to the learning specialists, the staff includes two psychologists, a psyciatric social worker, guidance counselor and diagnostician.

SEMINARS AND workshops are also conducted with teachers, administrators and parents. Themes of the sessions are realted to self-study, problem solving and techniques used in ehlping students with severe learning problems.

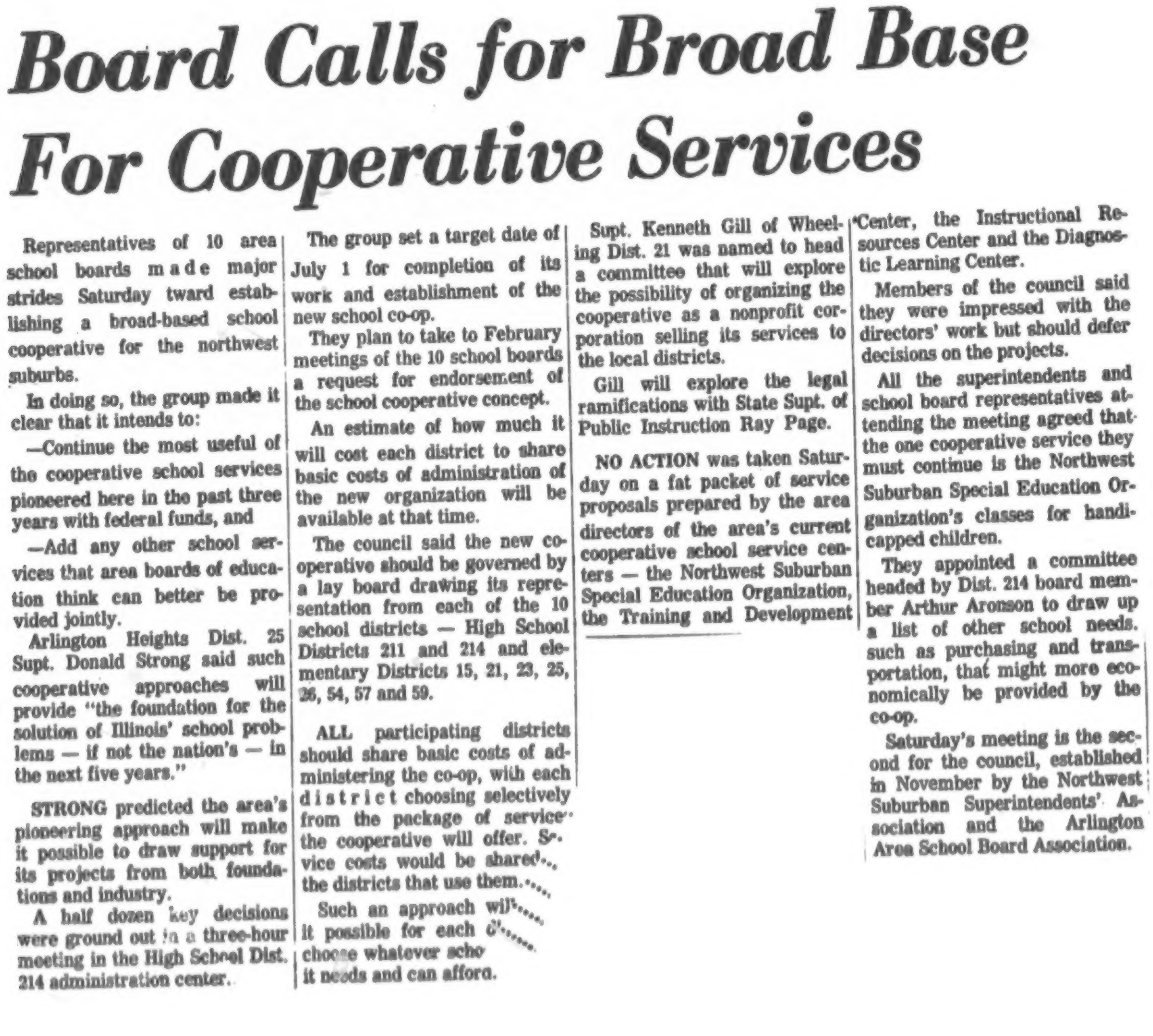
The Center was funded under Title III of the Elementary and Secondary Education Act for a three-year period which is up in June. Representatives of the school districts meet tomorrow to begin reviewing proposals for the future. If enough local interest and funds are available, the center will be continued.

Arlington Heights Herald
Jan. 17, 1969



DART THROWING has benefits for children attending school Dist. 25's Diagnostic Learning Center in Arlington Heights. Motor coordination is improved, hostilities may be diminished and a rapport developed with teachers who help the child. The center serves students from Elk Grove, Palatine, Schaumburg and Wheeling townships. About 100 pupils are served by the center at one time and all are attending regular classes in their school districts.

Arlington Heights Herald Monday January 20, 1969



Board Calls for Broad Base For Cooperative Services

Representatives of 10 area school boards made major strides Saturday tward establishing a broad-based school cooperative for the northwest suburbs.

In doing so, the group made it clear that it intends to:

—Continue the most useful of the cooperative school services pioneered here in the past three years with federal funds, and

—Add any other school services that area boards of education think can better be provided jointly.

Arlington Heights Dist. 25 Supt. Donald Strong said such cooperative approaches will provide "the foundation for the solution of Illinois' school problems — if not the nation's — in the next five years."

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CHICAGO DAILY NEWS

Friday, February 28, 1969 ☆☆☆

Suburb meeting called

Learning center's funds running out

By Dave Canfield

Efforts will be made at a meeting Saturday to form a cooperative organization of 10 Northwest suburban school districts to rescue an experimental center for children with learning problems.

Parents of the children Thursday night that federal funds for the Diagnostic Learning Center in Arlington Heights will run out June 30.

The experimental center, at 112 N. Belmont, Arlington Heights, has been operating since 1966. The annual budget is $200,000.

"WE CAN'T turn off human beings once we've got them involved," said Steve Berry, the center's director. He spoke at a meeting attended by 60 parents Thursday night in Miner Junior High School, Dryden and Miner sts., Arlington Heights.

Berry estimated that of the 70,000 high school and elementary school children in the four townships served by the center, 3,500 need help with learning problems.

Children served by the center are those with learning problems despite that are apparently average or higher.

During the first two years of the center's operation, it was found that 90 per cent of these children's learning problems were emotionally caused.

THE MEETING Saturday will begin at 8 a.m. in the Arlington Twp. High School District 214 Administration Center, 799 W. Kensington, Mount Prospect.

The meeting is the four-Township Study Committee, the center's governing body. The four townships are Wheeling, Elk Grove, Schaumburg and Palatine.

The center has been made possible through funds applied for by Elementary School District 25, Arlington Heights, but nine other school districts send children to the center.

Each district is to be represented Saturday by its superintendent and a board member. Oher interested persons are welcome to attend.

THE CENTER serves 126 pupils ranging from the lowest primary grade through high school.

Cost is $1,100 per pupil per year.

"The greater the number of students served," Berry told the parents Thursday night, "the lower the cost per pupil would be."

At the start of its third year of operation, the center asked the federal government for permission to include a treatment program.

Now, the center has a staff of 15, including psychologists, diagnasticians, therapists, guidance counselors and learning specialists.

"IN THE ordinary school today, the guidance counselor is too busy to even do any counseling," said Al Chiprin, a learning specialist at the center.

"Our case load is so much smaller than these kids get at their regular school that we can give the pupils in-depth counseling."

Chairman of the Four-Township Study Committee is Theodore Seiler, a District 25 Board of Education member.

"It would be tragic to see a program of this character broken up now even if it is resumed at a later date," Seiler said.

SUBURBS WITH children in the center are Arlington Heights, Hoffman Estates, Palatine, Rolling Meadows, Roselle, Mount Prospect, Prospct Heights, Wheeling, Elk Grove Village and Schaumburg.

Both public and parochial school pupils are included.

4

MARKET DAY - Thursday, March 13, 1969

Learning Center Cited in Call For Easing Funding Charges

A Chicago radio station has called for an imporved transition from federal to community financing in special education and cited as a prime example the case of the Diagnostic Learning Center in Arlington Heights.

In an editorial presented by radio station WIND General Mgr. John L. Williams last weekend, the station said the knowledge that funds for the center will run out on June 30 spotlights a transition problem.

"It is difficult to resist Uncle Sam's generosity," the editorial said, referring to the federal grant which made the center possible, and added that it is "harder still to adjust to the realities of either abandoning worthwhile projects or taking funds from other educational needs."

CONCLUDED the editorial: "Some better transition from federal to local funding is clearly needed. Educational authorities ought to give the problem high priority because it exists not only in the Arlington Heights Learning Center but in similar special education schools throughout the nation."

The editorial pointed out that the federal government warned when it gave the grant for the center that the money is only "temporary and that the cost will return to the community after a given period."

The center has a staff of 15 including, psychologist, diagnostic technicians, therapist, learning specialist and guidance counselors, and serves the townships of Wheeling, Elk Grove, Schaumburg and Palatine, the editorial said.

It has an annual budget of $200,000 and has been working with more than 100 area youths.

DISTRICT 25 Asst. Supt. Robert Campbell said a committee of a board member and superintendent from each participating school district is presently studying the center's financial situation to decide what programs, if any, should be kept after the federal grant runs out and where the money for the programs will come from.

Participating districts are 25, 21, 59, 214, 23 and 15.

Campbell said the program had been "successful," but added that it served as a pilot project for education experiments as well as a diagnostic center for youths with learning difficulties.

"We've tried to create a laboratory for teachers and administrators to learn how to deal with children with learning problems," Campbell said.

HE SAID the center works with a large number of children so it can "develop insight into problems and test some programs that are designed to be helpful and see whether or not they work."

Campbell said if any programs are kept by the center they will be financed from school district budgets, and added that the school "never had any doubt" that federal funding would cease when the grant ran out.

The Arlington Heights
HERALD

Center To Stay Alive

Local tax funds next year will give a new lease on life to the Diagnostic Learning Center, a Northwest suburban children's treatment center whose federal support is running out.

High School Dist. 214 voted Monday to budget $44,684 for its share of the cost of operating the center next year.

The high school board was also told that when the program is continued, Dist. 214 will become the bookkeeper for the center, instead of Arlington Heights Dist. 25, which saw the center launched three years ago.

OTHER LOCAL school districts that have agreed to help keep the center going include Dist. 25, Mount Prospect Dist. 57, Prospect Heights Dist. 23 and Schaumburg Dist. 54.

The five school districts have given responsibility for running the center to the Northwest Suburban Special Education Organization (NSSEO), the cooperative which coordinates other services for children with physical, mental or emotional handicaps.

Dist. 214 is administrative district for the NSSEO, whose executive director is John M. Wightman.

THE DIAGNOSTIC center provides special help for children with emotional problems that put them two years or more behind their expected learning level.

The center's total budget next year will be $107,240.

The NSSEO expects part of the per-child cost to be eventually covered by state reimbursement available for special education programs.

The reimbursement will not come till mid-1970, however.

SOME 96 children will receive treatment at the center next year under plans proposed by acting center director Stephen Berry.

The learning center was established in 1966-67 with funds from Title III of the federal Elementary and Secondary Education Act.

During the center's first two years, the staff only provided diagnostic services to school districts but past year — with approval of federal authorities — it switched to a treatment program.

Wednesday, April 9, 1969

Foundation Laid for School Co-Op

ARLINGTON HTS. HERALD -3/17/69

The 10 school boards in Wheeling, Elk Grove, Schaumburg and Palatine townships next month will be asked to officially launch a new Northeast west Education Cooperative by approving its constitution.

The document was hammered out Saturday morning by a four-township study committee that has been working for several months on the broad-base cooperative plans.

Only public school districts can become members, but children in the area's parochial schools can benefit from the cooperative's services through their local district, the committee agreed.

"I THINK WE'VE concluded our work," commented Schaumburg Dist. 54 representative Edward Benard at the meeting's end. "We may have made history. It isn't often that you see a group decide that it's work is finished."

Some of the study committee's representatives may be back in May to help further. If so, it will be because their school boards named them to the cooperative's governing board.

The services the cooperative will offer will include shared classes for physically, mentally and emotionally handicapped children, now provided school districts cooperatively through the Northwest Suburban Special Education Association.

Other services the cooperative may offer — with individual school districts able to buy or not as they choose — are pupil transportation, joint purchasing, specialized diagnostic and treatment services for children, a curriculum library and visual aid production services, and teacher inservice training.

PLANS FOR THE new school service cooperative was sparked by the phasing out this spring of funding for three federally-financed experimental projects:

— Dist. 25's Diagnostic Learning Center, which provides treatment for children with special learning problems.

— High School Dist. 214's Instructional Resources Center, which has a curriculum library, an instructional materials production facilities and finances curriculum research.

— Dist. 59's Training and Development Center, spark-plug for better teacher training in the area.

The decision has not yet been made as to whether some, or all, of the federally-funded services will be continued with local support.

Eligible to join the cooperative and provide a voting member on its governing board are High School Districts 211 and 214 and Elementary Districts 15, 21, 23, 25, 26, 54, 57 and 59.

Each member district must pay $1,000 plus an additional amount based on its enrollment to finance the cooperative's administrative costs, estimated at $30,000.

The governing board will hire an executive director who will operate the cooperative just as a school superintendent runs a school district.

Appoint Derr, Conrad To Plan New Co-op

Two high-salaried local schoolmen will be spending much of their time during the next five months planning for July 1 launching of a new Northwest Suburban Educational Cooperative.

The two are Milton Derr, assistant superintendent of Schaumburg Elementary Dist. 54 and Reuben Conrad, instructional coordinator for High School Dist. 214.

Both will be assigned halftime to the project.

THE TWO MEN got their initial working assignment Saturday from the 20-man advisory council charged with planning the new cooperative for the Northwest Suburban Superintendents Association and the Arlington Area School Board Association.

They were told to:

—Suggest how the new school services cooperative should be organized.

—Take a hard look at possible services the cooperative could offer and see if it would be cheaper, or otherwise advantageous, for the co-op to offer each service rather than having local school districts do for themselves.

Though the district once shunned cooperatively offered school services because federal aid provided funds, Schaumburg Dist. 54's representatives Edward J. Bedard and Supt. Wayne Schaible have been leaders in planning for this new co-op.

IF THE NEW co-op is launched, it will have to depend to a large extent on support from local school funds.

Endorsement of the proposal is being asked of every school board this month.

The 20-man council has asked that each school district joining the co-op commit itself to sharing costs of general administrative services.

Cost above a $1,000 flat fee will be shared among participating districts on the basis of school enrollment.

Basic service the new cooperative is expected to offer is special education classes, now handled through the Northwest Suburban Special Education Organization.

The co-op will also pick up some, but not all, of the school services offered now through three federally funded projects — the teacher Training and Development Center, the Diagnostic Learning Center and the Instructional Resources Center.

A LIST OF other possible services, among them transportation and joint purchasing, is being developed by a committee that Dist. 214 board member Arthur Aronson heads.

The July 1 launching of the new co-op is planned to dovetail with lapsing of the three federally funded centers' operating grants.

School Co-Op Down One?

Arlington Herald - April 28, 1969

by DAN BRANNAN

The Northwest Educational Cooperative, which is being launched by suburban school districts in the four-township area, may now have nine charter members instead of ten.

Dist. 59 has deferred action on membership in the cooperative until its May 5 board meeting.

According to Charles Stansky, Dist. 59 representative on the advisory committee planning the cooperative, the Dist. 59 board members wanted more information on the cooperative before making a decision on participation.

At a meeting of the advisory committee Saturday, representatives of the various boards agreed to revise the cooperative's constitution so that it could be established with the ratification by nine participating school districts instead of ten.

INCREASED ADMINISTRATIVE costs to be shared by the nine districts are not considered to be great.

In other action, the advisory committee decided to retain the Diagnostic Learning Center as a separate cooperative program but placed it under the stewardship of the director of the Northwest Suburban Special Education Organization (NSSEO).

NSSEO members include all ten school districts in the four-township area: 15, 21, 23, 25, 26, 54, 57, 59, 211, and 214.

Under the proposed arrangement, the Diagnostic Learning Center would buy the administrative services of NSSEO for a specified fee. In addition, Dist. 214 would assume the administrative responsibility for DLC instead of Dist. 25.

Members of the advisory committee also heard a report on NSSEO's proposed budget of $111,000 for 1969-70 from John J. Wrightman, executive director.

IN A REPORT on the Instructional Resources Center which has been providing special services, Dist. 214 Supt. Edward H. Gilbert noted that four districts had expressed a desire to continue the services of the Curriculum Materials Center. Gilbert indicated that if other districts decided later to make use of the CMC, they could do so at no additional cost for the project.

A similar plan was outlined for continuing the Audio-visual Materials Center in Arlington Heights. Both the CMC and AVC were originally federally funded projects under Title III of the National Defense Education Act.

SPEAKING OF THE alphabetical titles of these programs, Ted Seiler, Dist. 25, remarked that "It's a little like the Roosevelt era."

Under the original Title III program, Gilbert noted, the administrative district of each particular program, such as the Training & Development Center, is responsible for auditing all materials purchased with federal money for a five-year period.

He explained that the Curriculum Materials Center involves between $50 and $100,000 worth of educational materials.

Dist. 15 Supt. E. S. Castor had expressed concern that some of the Title III-purchased supplies might become lost or misappropriated during the transition period in forming the NEC.

The advisory committee, proceeding as though the Northwest Educational Cooperative was formally established, named a five-man committee to consider the qualifications needed by an executive director for the cooperative.

Committee members include: Ted Seiler, Dist. 25, chairman; Edward Bedard, Dist. 54; Robert LeForge, Dist. 23; Dist. 214 Supt. Edward Gilbert, and Dist. 15 Supt. E. S. Castor.

In a related action, the advisory committee requested Dist. 214 to consider being the administrative district for the cooperative.

"REGARDLESS OF the administrative district," Gilbert emphasized, "the ultimate control still lies in the local school boards of the individual districts. They have the option of deciding what cooperative services they desire to participate in."

An areawide meeting of all school board members in the 10 area districts is scheduled May 27 at 7 p.m. in Palatine Township.

The next meeting of the four-township advisory committee, soon to be the board of governors of the cooperative, is scheduled on May 17.

CHICAGO TRIBUNE, THURSDAY, APRIL 17, 1969

COOPERATIVE TO PROVIDE FUNDS

School Districts to Pool Services

BY CAROL ADAMS

Ten northwest suburban elementary and high school districts are expected to give final approval this month to a cooperative educational center to provide service to all participating districts.

Ted Seiler, chairman of the advisory council for the center, said official representatives of the ten districts would meet April 26 to report on the review of the center's constitution by each of their boards of education.

Organized by the ten districts, the cooperative is to provide services which will otherwise end July 1 with the termination of federal funding. The center will be governed by the ten official representatives and an ex-officio membership of the superintendents of the districts.

List Member Districts

The center will provide special service to elementary districts 59 and 25 in Arlington Heights, 57 and 26 in Mount Prospect, 54 in Schaumburg township, 23 in Prospect Heights, 21 in Wheeling township, and 15 in Palatine township; and in high school districts 214 in Mount Prospect and 211 in Palatine township.

Seiler, also a member of the district 25 board of education, said the center will be funded by local member districts.

The base of the organization, Seiler said, will be the Northwest Suburban Special Education organization, which is now in operation under separate local and state funding.

Existing Special Services

Under provision of federal funding in 1966, a diagnostic learning center was opened in district 25, an instructional and resources materials center in district 214, and a training and development center in district 59. Facilities and services of all three were available to each of the ten districts, and appropriations for the centers were to continue for three years.

"We all knew the federal funds would end eventually," Seiler said, "but no one thought far enough ahead to decide what we would do."

He explained that after three years so many children were involved in operations of the three centers that districts did not feel they could discontinue all the services.

Continue Beneficial Programs

Seiler said no single district could afford to continue most services alone. A cooperative seemed the best method of continuing those services the districts found to be most beneficial.

The boards of each of the ten have agreed to pay a $1,000 fee for membership in the cooperative. The governing body will determine the services to be offered by the center and each district will "buy into" those services in which it wishes to participate.

"Each district will pay for the services of the center," Seiler said, "according to the total enrollment in the district's schools and the total number of students participating in the programs."

Under Jurisdiction of One

Dr. Donald Strong, superintendent of district 25, explained that the center will be set up under jurisdiction of one of ten districts.

"The district will be acting as districts have agreed to pay a an agency for the center," he explained. "Only a body legally organized under state law can dispense funds. There must be a legal body that is responsible to the taxpayer."

Strong said he is in favor of the center because it presents an answer to the old educational question of which was more beneficial to the schools—a large or a small school district.

"Whether school districts should be centralized or decentralized has always been a big argument," he said. "The large offers more services but the small is more sensitive to the individual needs of the schools. Here we have a chance to do both," he added.

CASE SUMMARIES

APPENDIX D

CODE

1

A. Current Diagnostic Status
Situational disorder of childhood

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Improved -- since parents have attended Catholic Charities for counseling

C. Prognosis

Good

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling

None

(2) Psychoeducation

None

(3) Activity Group -- At first Mike was very inhibited, shy, repressed with group members. Presently he has become more assertive. Is suggesting activities for other children. Very friendly, beginning to discuss various activities in and around home.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

1. Involvement in boys' activity groups for summer, 1969.

F. Recommendations for School for 1969-1970

1. Involvement in organized boys activities
2. Involvement with as many male teachers as possible.
3. Male counselor to keep in close contact with him, also to keep in close contact with parents regarding Michael
4. Continue with boys' activity group at DLC
5. Use of IIR facilities for remedial help in academics particularly reading and math

G. Recommendations for Parents

H. General Information:

1. Were the parents in treatment? yes Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. Other Comments:

Parents are very receptive, open to communication and help regarding son.

CODE
2

A. Current Diagnostic Status
Passive Aggressive (anti social personality)

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

No change

C. Prognosis Poor (because Tom does not feel a need to change)

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling
None

(2) Psychoeducation
None

(3) Activity Group
None

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
See Tom for six sessions in the fall to determine his commitment to the DLC program. If Tom is not committed, drop him, until anxiety is raised enough for commitment.

F. Recommendations for School for 1969-1970
1. Tom must put forth some effort or be retained in 7th grade.
2. Set goals with Tom and expect him to meet them.
3. A consistent teacher

G. Recommendations for Parents Recommendations depend on Tom's commitment to the program.
1. Mr. Callard assume the responsibility with Tom's activities.
2. Set goals with Tom and expect him to meet them.
3. Parents in counseling (only if Tom is committed to the program).

H. General Information:
1. Were the parents in treatment? yes Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. Other Comments:
Parents came for a few sessions, but were dismissed because therapist did not think they needed treatment.

CODE
3

A. Current Diagnostic Status

Inadequate Personality -- A. Castration anxiety B. Psychoneurotic patterns

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Mother had a recent miscarriage. Mother is not as critical with son as she had been previously.

C. Prognosis

Poor

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- He ventilates freely to the Learning Specialist and anyone on the staff who will listen to him. He is overwhelmed and easily frustrated by routine and daily situations. He becomes very hostile, but has learned to release his pent up emotions by physical work or exercise. He rejected the idea of transquilizers as they would be like narcotics and not masculine. He has difficulty in his relationships with parents, employer, and his peers. He is dating but has not been able to establish a satisfactory relationship with a girl. He will be eligible for the draft this fall; however, he is expected to be rejected for academic and psychological reasons. He is determined to try to enlist during the summer and go in service "like a man". He will probably not be able to successfully deal with many frustrating events this summer so supportive counseling is recommended.

(2) Psychoeducation ---Does not apply

(3) Activity Group -- Does not apply

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

Summer:

1. Continue working at the Golden Bear Restaurant
2. Supportive counseling with Mr. O'Driscoll at Elk Grove High School this summer if boy wants to involve himself.

Treatment:

1. Group Psychotherapy in 1969-70 if student is in high school and only if he wants to involve himself in teenage boys'group.

F. Recommendations for School for 1969-1970

1. Continue in present work program .
2. Encourage him to remain in high school.

G. Recommendations for Parents

1. Allow boy to enlist in the service if he chooses.
2. Mother to have specific help in practical ways of handling son.

H. General Information:

1. Were the parents in treatment? yes Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? yes

I. Other Comments:

He needs to develop autonomy. Treatment for this boy depends on his willingness to become involved with high school counselor for summer, 1969, and DLC teenage boys' group for 1969-70. Group therapy for him needs to be reality based regarding future vocation, service, etc. It is hoped that his own peers will help him develop some reality orientation. He must learn to develop responsibility for his own actions.

CODE
5

. A. Current Diagnostic Status
Passive dependent

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Mother becoming less overly-involved. Father more actively involved with boy on a physical level in a passive, non-emotional manner and results are negligible.

C. Prognosis -- Guarded.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Objective -- to involve boy in any type of positive relationships with male peers and adults. Methods used were science experiments, physical activities. Child's ability to relate with anybody--poor. He has always had self control. Factor which have impeded progress--poor identification with father. An unforseen factor is his liking for selling products -- which seems to be completely out of character for him. Academic grades--Reading 3.0 as of 12/20/67. No arithmetic average.

(2) Psychoeducation -- None

(3) Activity Group -- Restricted science group. Then a transfer to a restricted activity group. This done with another boy of almost the same mental and physical characteristics.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
1. High activity sports, viz., tackle football and/or boxing to satisfy his need for body contact.
2. Involve at DLC (1969-70)--with active activity group of limited size.

F. Recommendations for School for 1969-1970 1. Involvement with male teacher who will take a positive interest in boy--someone who is less academic oriented and more physical oriented. 2. Overnight summer camp. 3. Organized boys' activity groups, viz., Little League, etc.

G. Recommendations for Parents
1. Boy to be placed on diet.
2. Involve father with boy on a physical activity basis.
3. Parents to encourage as much male companionship as possible for him.

H. General Information:
1. Were the parents in treatment? yes Should they have been? -- Was it recommended to them? yes
2. Has teacher(s) had in-service training? yes

I. Other Comments:
Boy may be in a state of flux as to whether he should trust people. He does not seem to take the initiative on wanting to meet people or making friends. The same applies to games, situations, or just plain every day living activity. It appears as if he has to be led into something, and he will follow like a little puppy. There seems to be no desire to give or take with life.

CODE
6

A. Current Diagnostic Status
Passive-aggressive -- aggressive type

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Father is working nights
Mother is extremely anxious and overwhelmed by the family situation. Mother is accepting of suggestions made by learning specialist but has resisted group therapy.

C. Prognosis -- Guarded. Could regress easily.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling--Does not apply

(2) Psychoeducation -- Learning specialist has worked with controlled reader on a second grade level for success in reading on a one to one basis. Child has done well at a very slow pace. Play therapy has included chess where he is a good player. He still shows verbal anxiety and regresses to a hoarse whisper when under stress such as a testing situation.

(3) Activity Group -- Purpose is to help stimulate social interaction and help him to learn how to meet individual needs through group interaction. This child has a tendency to be very impish--enjoys getting children to run after him, chase after him, etc. He is very active--enjoys active sports activities. Well coordinated. A pleasant "happy-go-lucky" rather carefree attitude. He is generally well liked by other children.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
1. Involvement in organized boys' activity groups for summer, 1969.
2. Activity group at DLC for 1969-70.

F. Recommendations for School for 1969-1970
1. Continue with a reading specialist.
2. Ease academic requirements so child is not overwhelmed.
3. Give praise and easy success in academic areas.
4. Testing periods should be short as Billy is traumatized by testing situation.
5. Small developmental reading program.

G. Recommendations for Parents

Does not apply

H. General Information:
1. Were the parents in treatment? no Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? yes

I. Other Comments:

Check on resources available to child in his new school situation. Specifically reading programs, speech therapist, etc.

CODE
7

A. Current Diagnostic Status
Obsessive-Compulsive

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Parents have come in for weekly sessions with therapist. They seem accepting of the idea that Ellen's problem is not perceptual but emotional. They seem to push her less and be less critical of the school.

C. Prognosis
Good

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Since mid-year staffing, the most effective approach has been to combine a highly rational problem-solving technique with warmth and support. We define a problem (e.g., no friends in neighborhood) and categories of solutions (e.g., do nothing, get out to where kids are, bring kids in to where she is), then enumerate specific solutions and finally, evaluate the feasiability of the solutions. This seems to give her more of a feeling of having power to change her situation; she feels less at the mercy of the adult world. She still has trouble talking about problems but brings more up now than before. She has made excellent progress in school and feels more successful than ever before, and she does not need to negate her successes with self-depreicating remarks as before.

(2) Psychoeducation -- Not assigned to L.S.

(3) Activity Group -- None

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
1. Continue in therapy at DLC (may not need a whole year of it).
2. Summer school to catch up a bit.

F. Recommendations for School for 1969-1970
1. Limit homework to a reasonable amount for her.
2. Allow tape recorded reports and oral tests whenever possible.
3. Teachers should be supportive and innovative, allow Ellen to shine in areas of competency.
4. Participation in the school's learning center.

G. Recommendations for Parents
1. Continue to be supportive and basically undemanding regarding school.
2. Be careful not to overwhelm her (with power, competency, hostility, etc.).
3. Consider providing a tutor next year if, and only if, Ellen agrees to it and the school (or DLC) cannot provide enough special help.

H. General Information:
1. Were the parents in treatment? yes Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. Other Comments:

Be sure to make this report and other available to classroom teacher at Thomas JHS next year.

CODE
8

A. Current Diagnostic Status
Guarded Passive Aggressive Personality School Phobic

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Mr. Bowles is regularly employed. Mother works days and father nights, Pamela, age 18 years, has recently dropped school and left home.

C. Prognosis
Good

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Earlier academic approach was dropped. He was encouraged to express himself.. Games have included Yahtzee, checkers, chess, darts. Generally he chooses sedentary activities. L.S. taught him chess and Donald now plays the game very skillfully. He has won playing chess at the DLC, at home and at the park district. He still tends to remain guarded and passive although he shares revelant events with the L.S. In a direct approach to sex education, he also remained guarded, passive and denial of feelings. Donald has attempted to resolve solutions to problems with his parents. This has included curfew hours, management of money, and length of his hair.

(2) Psychoeducation

(3) Activity Group -- Appears quite outgoing. A leader--will initiate activities. Shows much enthusiasm, enjoys being in group, has attempted to develop group cohesiveness, tends to be very helpful to rest of boys--will make suggestions to them regarding procedures, etc. Shows spunkiness, assertiveness.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
Continue in group therapy for high school adolescents. (DLC and Forest View)
Summer activities
- a. Work full time at Meadows Pizza Plaza (evenings).
- b. Rolling Meadows Park Program during the day--active sports
- c. Two weeks vacation at cabin in Minnesota with uncle.

F. Recommendations for School for 1969-1970
1. Double promote to 9th grade at Forest View HS; this is a return to proper grade level.
2. Assignment to as many understanding male teachers as feasible, especially for English.

G. Recommendations for Parents
1. Medical attention for skin condition
2. Encourage above mentioned summer activities.
3. Continue to work out mutually acceptable solutions to such current problems as curfew, money, length of hair, etc.

H. General Information:
1. Were the parents in treatment? no Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. Other Comments:

If student is double promoted he will be eligible for DLC program in District #214.

CODE
9

A. Current Diagnostic Status

No psychological disorder

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Same

C. Prognosis

Good, if given many opportunities to relate with boys his age

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling

None

(2) Psychoeducation

None

(3) Activity Group -- Roger is in activity group to develop assertiveness. In beginning Roger would not relate verbally to leader or other children although he participated actively in activities. Presently he is beginning to respond verbally to children. He especially appears to be opening up with leader, and on occasions has related a few experiences relating to school.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

1. Involvement in organized boys' activity groups for summer 1969. (Little League, etc.)
2. Continued involvement in DLC activity group.
3. Update psychological and academic evaluations.

F. Recommendations for School for 1969-1970

1. Encourage this child to involve himself in any organized school activities for boys.
2. Involve with male teacher who will take active interest in this child.

G. Recommendations for Parents

None

H. General Information:

1. Were the parents in treatment? no Should they have been? yes Was it recommended to them? ________
2. Has teacher(s) had in-service training? no

I. Other Comments:

CODE
10

A. Current Diagnostic Status

Adjustment reaction of adolesence.

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Mr. Bratko has recently remarried. Darryl now appears better cared for physically and apparently is relating well with stepmother and step-siblings. The home appears to be more stable.

C. Prognosis

Improved.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling--He was upset over father's impending marriage and displayed much anxiety. After the marriage, he relaxed noticeably with occasional complaints about more chores at home. School has also noticed general improvement and lessened anxiety. He has a short attention span and is somewhat a behavior problem in a permissive school situation.

He does not seem to have a good understanding of how to use the "helping people" such as social worker and learning specialist. He uses these times for play and games, but has been increasingly willing to talk about himself.

(2) Psychoeducation -- At the DLC he can be reached through math games, but passively resists structured math instruction. He will talk about personal problems or relate family details while working on academics. His impulsive behavior and hyperactivity are greatly lessened.

(3) Activity Group -- He cooperates well and attempts to develop group cohesiveness. He attempts to set controls for individual members so they act together as a unit. He especially attempts to help a boy that he referred to the DLC himself. He is friendly, outgoing, and assertive. In activities he tends to be very "spunky" in a socially acceptable manner. In a group discussion one day he told the other boys he comes to the Center to get his mind off his deceased mother. He is a leader in the group.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

Summer

1. Remedial mathematics (one course only because of short attention span)
2. Park district or YMCA activities

Treatment

1. Activity group once weekly at DLC

F. Recommendations for School for 1969-1970

1. Placement with Mr. Schaeffer for LASS
2. Work in IIR for academics, as needed.

G. Recommendations for Parents

1. Follow our summer recommendations.
2. Fathernot to be rigid and critical of son,

H. General Information:

1. Were the parents in treatment? no Should they have been? no Was it recommended to them? no
2. Has teacher(s) had in-service training? no

I. Other Comments:

Eligible for DLC in 1969-70.

CODE

11

A. Current Diagnostic Status
Passive-aggressive--passive personality

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
No recent developments except that mother now accepts some of Janyne's behavior as typical of young girls that need more reinforcement of their worth.

C. Prognosis
Fair

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling - None
(2) PSYCHOEDUCATION
(a) 1. Play therapy and handcraft work for success, self-confidence and self-expression.
2. Selected high interest, low ability math games for building on classroom interest in math.
3. Close association with two understanding adult females for acceptance and identification for establishing the child in a female role.
(b) Relations on all levels have improved especially those involving peers--least improved is parental communication.
(c) Self-control is still a problem, but some self-determination is showing as a result of success and reinforced acceptable behavior.
~~(2) Psychoeducation~~
(d) A cooperative, warm teacher has provided a good female model and reinforced good behavior and academic success.
(e) Parental reluctance to change their patterns of behavior and become active group members. The mother needs to be convinced that her daughter must have success and reinforcing wherever possible.
(f) The addition of braces and orthodontic appliances have depressed the child and added to her role inferiority.
(g) Reading: 3.2 Gain of .7
Arithmetic: 3.8 Gain of 1.2

(3) Activity Group - None

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
Follow-up by school social worker or psychologist for counseling and relations with home for consistency of handling.
Registration for art class in Summer Session offered by the school district and Creative Dramatics was suggested.

F. Recommendations for School for 1969-1970
1. Placement with a warm, understanding female teacher.
2. Continue with adjusted academic programming.

G. Recommendations for Parents
1. Encourage placement in a girls' group such as Girl Scouts.
2. Practice consistency in dealing with the child in parental role--allow no manipulation.

H. General Information:
1. Were the parents in treatment? Yes/ but not fully Should they have been? Yes Was it recommended to them? Yes
2. Has teacher(s) had in-service training? Yes

I. Other Comments: None

CODE
12

A. Current Diagnostic Status

Inadequate personality with passive aggressive defenses

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

No recent changes
Parents apparently still have unrealistic expectations for their son.
They do not accept his limited ability and continue to exert pressure on him

C. Prognosis --Guarded

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Does not apply.

(2) Psychoeducation -- Mathematics is this boy's weakest area; this has been primarily a ~~self-teaching~~ deductive approach. Materials have included classroom text, self-teaching study aids, and cuisenaire rods. He needs many concrete learning aids and has responded best to the cuisenaire rods. He has difficulties with spacial relationships and in visual perception. He tends to resist too much direction and structure on the part of the learning specialist. Next year's work should include more discovery activities and math games as well as perceptual materials.

(3) Activity Group

1. Tendency to be somewhat distant with leader
2. Actively involved in sports activities.
3. Does not overtly respond to praise but seems to need it.
4. Generally gets along well with group members
5. Generally goes along with activities initiated.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

1. Continue treatment in 1969-70
   a. Activity Group 1x weekly
   b. mathematics tutoring 1x weekly
2. Summer School--June 16 through July 18
3. Enroll in Mt. Prospect YMCA for father and son activities
4. Consider camp away from home for minimum of two weeks

F. Recommendations for School for 1969-1970

1. Continue at Gregory School
   a. Promote to 6th grade
   b. Assign to Mr. Much or other understanding male teacher

G. Recommendations for Parents

1. Mother needs to be seen individually to become less involved with and dominating her boy
2. Father to be counseled by activity group therapist in helping the father to develop a more close and accepting relationship with son

H. General Information:

1. Were the parents in treatment? yes Should they have been? ________ Was it recommended to them? ________
2. Has teacher(s) had in-service training? no

I. Other Comments:

Family may move out of our serving area.
Eligible for DLC in 1969-70.

CODE
13

A. Current Diagnostic Status
Situational reaction of Adolesence

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
No change

C. Prognosis
Good--with continued treatment

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Goals of reducing hyperactivity and channeling his energies into productive work were reached. Self control is adequate, especially when he is on medication which is sometimes missed. He is a very outgoing boy who reaches out for psychological help. He has made tremendous improvement this year, but is still very dependent on DLC and needs additional help in improving self concept. He is in some conflict over circumstances surrounding his adoption and his natural family situation. We have been handicapped by parental refusal to permit us to obtain this information for him. His own evaluation of psychotherapy is that "it has helped my skills, helped me find out about myself, that I've got a good brain. It makes me want to complete things I start."

(2) Psychoeducation -- Rich has been able to gain some insight into his academic problem--Span of attention has lengthened since medication. Remedial work in the area of math.

(3) Activity Group -- None

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

Child should continue in psychotherapy at DLC next year and has requested it for himself.

F. Recommendations for School for 1969-1970
Warm, understanding male teacher.
Stimulating material in Science.
Continue to set realistic goals with client and follow through with plans.

G. Recommendations for Parents
Periodic contact with therapist to reduce parental inconsistency and conflict between parents over handling of boy and reinforce need for regular medication.

H. General Information:
1. Were the parents in treatment? Briefly Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. Other Comments:
His relationship with a male science teacher the first half of this year was very significant to him and provided him much intellectual stimulation.

CODE
14

A. **Current Diagnostic Status**
Anxiety Reaction.

B. **Summary of Family** (Current status and recent changes within family--physically and dynamically.)
Counseling for inconsistent handling of children has apparently helped.

C. **Prognosis**
Good.

D. **Summary of Treatment.** As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling (a) Increase independence, encourage open (rather than passively-aggressive) expressions of feelings and desires, provide well-defined limits and consistent enforcement, provide activities with peers and opportunity for social feedback --projects and group activities; confrontation and interpretation of behavior. (c) Cheryl was, at first, over-controlled, expressed hostility passively. Still tests adult authority but does it more openly and with the support of peers. (d) Parents' participation in group. (e) (f) (g)

(2) Psychoeducation

Not assigned to learning specialist.

(3) Activity Group Replaced individual treatment. More effective than individual because she got feedback from several people instead of just one and from peers as well as an adult. Joined one group member in scapegoating the third. Ability to express hostility and other feelings and desires improved greatly. Compassion and objectivity in evaluating her own behavior are still lacking.

E. **Recommendations for continued treatment and/or other services for child (include suggested summer activities).**
1. School district will not participate in DLC next year.
2. Group activities - scouts, YMCA, etc.

F. **Recommendations for School for 1969-1970**
1. Set reasonable and firm limits for Cheryl.
2. When she makes a choice between alternatives, expect her to stick to her decision.
3. When she breaks a rule, point out the consequences and the fact that she made the decision to break it.

G. **Recommendations for Parents**

Continue to be consistent in disciplining.

H. **General Information:**
1. Were the parents in treatment? Yes Should they have been? Yes Was it recommended to them? Yes
2. Has teacher(s) had in-service training? No

I. **Other Comments:**

CODE
15

A. Current Diagnostic Status

Passive Dependent-anxiety reaction

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Parents are openly resistant to DLC treatment program for Mark. Parents resisted family therapy.

C. Prognosis

Poor

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling

does not apply

(2) Psychoeducation -- To increase Mark's confidence in his own ability and take pressure off academic learning, there were short periods of reading and math using the controlled reader, tachitoscope, workbooks, with longer periods with hobby activities--bike repair, models, etc. Mark's achievement and self-concept seemed to go gradually downhill. As home, school and DLC became more concerned, Mark became more anxious and depressed. He feels his parents want more from him than he can give.

(3) Activity Group

does not apply

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

Depends upon outcome and recommendations of therapist who is seeing Mr. Mrs. Goddard, and Mark, for group therapy in order to develop more communication between them and help parents get a realistic view of child's abilities and interests.

F. Recommendations for School for 1969-1970

1. Place in low (not special) track
2. treat as "normal" child
3. Mark needs supportive counselor who can help him cope with his home and school environment

G. Recommendations for Parents

Relax, have fun, keep hands off academic work

H. General Information:

1. Were the parents in treatment? yes/ only one session Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. Other Comments:

1. Wants to be a farmer, has definite interests and abilities and an uncle who is a farmer, has spent much time on the farm
2. Enjoys tremendously working in his father's place of business -- very helpful to his father

Mark appears to have much insight into his own problems and his parents' behavior as well.

CODE
16

A. Current Diagnostic Status
Inadequate Personality

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
No physical changes -- continued emotional and social improvement

C. Prognosis
Excellent

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- None

(2) Psychoeducation -- (a) Objectives: build self confidence; develop ability to follow program planned by DLC; develop ability to follow directions and complete projects started. Method and Materials--used workbook Reading and Math, controlled reader, and very difficult bridge building kits. (b) He has good verbal communication with adults and peers -- the tendency to manipulate adults decreasing -- is strong with peers. (c) unusual development of self-control (d) progress was accelerated because: (1) parents were in therapy; (2) the school situation was more favorable; (3) there was consistent follow through with DLC recommendations--school, home, center cooperation.

(3) Activity Group
(a) In group with another child
(b) Occasional hostilities decreased, boys enjoying and seeking each others company
(c) Very active verbally and physically in outdoor activities
(d) Enjoyed activity--whether winner or loser

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
1. Summer camp or YMCA activities
2. No academic tutoring
3. Relaxed--unstructured activities
4. Adequate growth--DLC to be discontinued 1969-70

F. Recommendations for School for 1969-1970
Regular 6th grade class
Treat as "normal"

G. Recommendations for Parents
Continue present procedures

H. General Information:
1. Were the parents in treatment? yes Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. Other Comments:

Interest -- 1) Art--free design and structured art
2) building--unusual ability in constructing bridges and buildings
3) trains
4) dramatics-role playing

CODE

/7

A. Current Diagnostic Status
Compulsive personality with passive aggressive behavior.

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

No change. Parents resistant in passive manner. They tend to pay "lip service". Would rather be non-involved.

C. Prognosis
Guarded.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling
Does not apply.

(2) Psychoeducation

Does not apply.

(3) Activity Group
1. Minimal structures imposed.
2. Don't attack his defenses.
3. Allowing him to "act out" in socially acceptable manner.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
1. Reduce academic pressure.
2. Take supportive role with this child - allow him to vent hostilities in a socially acceptable manner.
3. Activity group at DLC.

F. Recommendations for School for 1969-1970

Same as in "E". Also expose this child to art activities in school situation. He should be involved with teachers who are flexible, non-authortarian, - teachers who are activity oriented in academic teaching.

G. Recommendations for Parents

Involve him in summer 1969 program - boys' activities. Parents to assume a very supportive, non-threatening type role with Glen. Refrain from pressuring. Glen to assume a more mature role.

H. General Information:
1. Were the parents in treatment? No Should they have been? Yes Was it recommended to them? No
2. Has teacher(s) had in-service training? No

I. Other Comments:

Attempts were made to reach parents regarding DLC's program for Glen. Parents did not respond.

When school and group leader (DLC) feel Glen is becoming more open, more accepting of others, then consider inclusion of an academic approach with learning specialist.

CODE
18

A. Current Diagnostic Status

Passive dependent

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

No known change. Father making half hearted attempts to do a few things with Marty. Hardly worth mentioning.

C. Prognosis

Guarded

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Objective to get him involved in something--anything! (His immaturity and dependence is quite an inhibiting factor) Methods--science experiments and physical activity such as pool, ping pong, boxing and basketball. No change in self-control when he tries to be "cute". Factors which impede progress--dependency on mother, anger toward next older brother, no desire to communicate and participate with boys his own age. (Prefers playmates to be younger.) Late puberty stage. Academic level--Reading average is 5.1 (Comp. 6.6), Arith. 5.6

(2) Psychoeducation

(3) Activity Group -- Science activity group. 2. Physical activity group. This boy enjoys physical contact activities. On a few occasions he has begun to smile, talk about family experiences. He tends to be a repressed, constricted child who passively goes along with activity.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

1. Involve in DLC adolescent boys' group is involved in DLC (1969-70).
2. Involvement in organized masculine activities and father-son activities.

F. Recommendations for School for 1969-1970

1. Boy should attend public high school.
2. Place in low track class.
3. Direct him towards a work orientation program.
4. High school counselor will have to expend considerable energy to maintain communication with this boy and force him to become involved in the community setting.

G. Recommendations for Parents

Permit Marty to grow mentally and physically. Mother, particularly, is stifling and smothering him. Female dominance at home (specifically including sisters) may be having a disastrous affect on him. Father should promote masculine activities with boy such as fishing, boating, etc.

H. General Information:

1. Were the parents in treatment? no Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. Other Comments: -- Marty seems to have regressed in his associations with people (children and adults) this year. He seemed more withdrawn. It was very noticeable when he participated in pool, ping-pong, and basketball that he merely tolerated another boy's presence and mine. Both boys played in complete silence--appeared as if they were playing in a vacuum. Only bright spot--he became somewhat excited when we played "Pit". He did show some emotion. On several occasions Mrs. McFall would tell me how much better he is doing academically at school. School did not corroborate this. He is, however, easier to talk to at the school, but only when it is out of an academic setting.

Check on high school district in which he resides.

CODE

19

A. Current Diagnostic Status

Chronic Anxiety Reaction--shows gains in social adjustment. Improved reading fluency but still a long way to go

B. Summary of Family (Current status and recent changes within family--physically and dynamically)

Bill's relationship with parents has been poor--cold, harsh and rejecting parents. Both are bears.

C. Prognosis -- With continued help, prognosis is fair academically, good socially.
Bill will need special help in guidance and academic for sometime to come.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling - Objectives: to establish better peer relationships; to establish a positive attitude in Bill toward adults and adult authority. Develop self-concept, ego, self confidence. Bill has improved tremendously in peer relationships and in his attitude toward adults.

(2) Psychoeducation Will need constant support and encouragement whenever working in academics. Bill responded positively to Archie Comics (he likes girls), Hot Rod magazine, and to the Language Master. He read well orally in the comic book, and fair in the Hot Rod magazine. His interest in girls and cars continues.

(3) Activity Group

Actively participates in various sports activities. Rather quiet, needs to develop more assertiveness. Needs many chances to interact with children. Tendency to be a follower.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

Bill will need continued individual academic help and guidance for some time to come. The boy has a great lack of confidence in academics as this has been an area of past failures and much trauma. Summer activities recommended: participation in park district group activity.

F. Recommendations for School for 1969-1970

Placement with non-pressuring, easy-going, male teacher. Paternalistic type of teacher would be good. Placement for below average academic tract is recommended. Also, Bill will profit from as much mechanical/shop work as he can get, hobby groups, model building. Academics must be limited and at a below average level.

G. Recommendations for Parents

School and DLC have found parents very negative, uncooperative. So, leave them alone.

H. General Information:
1. Were the parents in treatment? no Should they have been? yes Was it recommended to them? Parents uncooperative
2. Has teacher(s) had in-service training? yes

I. Other Comments:

Bill says he will try to get a job this summer. If unsuccessful, he says he'll go around the neighborhood mowing lawns.

Periodic letters to home on Bill's improvement would be beneficial.

CODE
20

A. Current Diagnostic Status
Low ability

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

no changes

C. Prognosis
Good, if allowed to achieve at ability level

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling

(2) Psychoeducation -- Teacher--Learning Specialist involvement--Teacher understands problems of working with Debbie at her ability level. The teacher and principal feel DLC involvement is no longer needed.

(3) Activity Group

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
None

F. Recommendations for School for 1969-1970
Place with others of her ability or achievement level and allow for individualized materials.

G. Recommendations for Parents
Continue as at present--acceptance of Debbie with her strengths and weaknesses.

H. General Information:
1. Were the parents in treatment? no Should they have been? no Was it recommended to them? no
2. Has teacher(s) had in-service training? no

I. Other Comments:
Very patient. Works well with detailed hand craft activities.

CODE
21

. A. **Current Diagnostic Status**

Situational disorder

B. **Summary of Family** (Current status and recent changes within family--physically and dynamically.)

No recent changes.
If grandfather is still at home, he may yet be responsible for some conflict within the family structure.

C. **Prognosis**

Good

D. **Summary of Treatment.** As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Does not apply

(2) Psychoeducation -- His involvement with the Center has been to build confidence and reinforce progress previously made. His academic program consisted of the study of English. He has also been quite successful in some hobby activities--clay modeling--model cars, etc. He is making adequate progress academically and socially.

(3) Activity Group -- He needs more small group experience. He will participate in group activity if he likes it, but withdraws and isolates himself physically and verbally if group does not do what he desires. Tends to beoverly aggressive at times.

E. **Recommendations for continued treatment and/or other services for child (include suggested summer activities).**

He has signed up for summer school--his choice.
Continue in activity group so that he will learn to give and take.

F. **Recommendations for School for 1969-1970**

1. Regular classroom--treat as regular 5th grader.
2. Relaxed summer school program.

G. **Recommendations for Parents**

1. Re-evaluate family situation. Explore need for treatment at DLC for 1969-70.
2. Encourage father-son relationships

H. **General Information:**

1. Were the parents in treatment? yes Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. **Other Comments:**

He needs reassurance and support in his activities at school and home.
He constantly seeks adult approval and recognition.
He is sensitive about his weight problem.

Eligible for DLC in 1969-1970.

CODE
22

A. Current Diagnostic Status
Passive Dependent Personality

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Mother dominated family. Mother over-involved, depreciative towards son. Father too removed from family dynamics, passive and non assertive.

C. Prognosis
Fair to poor, due to parents minimizing scope of problem and marital difficulty

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- (a) Goals for child were to develop assertiveness, aggressiveness, and reduce anxiety. (b) Relates much better to adults and peers, but still needs to be more assertive. Verbal communication is good. (c) Self-controls have improved significantly. (d) Has benefitted from interaction with male therapist. (e) mother fosters over-dependency, and son uses this relationship to gain interaction and attention. (g) Presently reading at 6.5 level and arithmetic is 4.4. Went up slightly in reading, down slightly in math.

(2) Psychoeducation -- Has worked on basic reading skills, fluency, comprehension. Stammering while reading and talking has decreased.

(3) Activity Group -- Jim tries hard in any activity attempted. Clings to others for support. Has a tendency to be reluctant to participate fully in an activity until he develops some feelings of success. Tends to be very non-assertive with individual members--lets them "lead him around."

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
continue involvement in DLC program. Continuatinn should be in terms of both individual therapy and academics, as well as small group activity. Strongly urge residential camp for one or two weeks to develop peer relationships.

F. Recommendations for School for 1969-1970
Small group involvement recommended for activity to develop more intensive interpersonal relations with peers. Place with warm supportive male teacher. If no such male teacher available, then warm, supportive female. Teacher must approach child on a positive basis, not on a critical, strict basis. He gets enough of the latter from the mother. Academic tract placement ought to be somewhat below average (about one year in achievement).

G. Recommendations for Parents
Father to further involve himself in family decisions, mother to be more positive, more encouraging-less critical of son.

H. General Information:
1. Were the parents in treatment? yes Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? yes

I. Other Comments:
Until mother loosens some control over him, boy's emotinal growth will be greatly impeded.
Child should definitely be in DLC program next year.
Parents should be involved again in therapy group.
Case should be re-evaluated at mid-year to see if saturation point reached.

CODE
23

A. Current Diagnostic Status
Passive-Aggressive Personality

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Mother and father are having severe marital problems with a result Dan is the pawn. The home situation is very tense. Before any growth can be made for Dan the conflict between parents must be resolved.

C. Prognosis
Guarded

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Dan throughout the year was extremely guarded boy who used denial to personal and home problems. He has an identity problem which is causing many problems. Attempts were made to be supportive and rational behavior was suggested to cope with poor relationship between father and son. The last few sessions of May have been very fruitful and Dan is now ready to open his defenses to deal with his problems.

(2) Psychoeducation None

(3) Activity Group None

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
1. Dan work outside home -- find job where he can maintain independence from parents.
2. Individual therapy or high school group therapy

F. Recommendations for School for 1969-1970
1. Attempt to work out special program for Dan. (teacher placement) (match personality between teachers and Dan)

G. Recommendations for Parents
1. Resolve marriage problems.

H. General Information:
1. Were the parents in treatment? yes Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? yes

I. Other Comments:

Father attended three sessions and stopped attending because of becoming involved and making personal adjustments.

Forest View High School 1969-70.
Should continue DLC program

CODE
24

A. Current Diagnostic Status
Depressive Reaction, with strong passive dependent tendencies

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Terry's mother has been most cooperative in helping her son. She is somewhat over-involved and in the past has fostered Terry's over dependancy on her. There has been slight improvement in this area, but more is needed for healthy emotional development. Father appears somewhat non-involved and disinterested in family dynamics.

C. Prognosis -- Fair, if school program can be developed which will meet this boy's needs.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling
(a) Develop self-concept, initiative, assertiveness, verbal fluency. Method consisted of occupational therapy coupled with weekly counseling sessions. Terry found ready success in his work with the IRC. (b) Relationships with peers and adults have shown significant improvement. (c) Self-controls have greatly improved. (d) Work-study program, art work, counseling have helped significantly. (e) Cultural deprivation and lack of stimulation from home environment have impeded child's growth. Home environment lacks warmth and affection. Terry has shown 6 months growth in reading in past year.

(2) Psychoeducation -- At first, child was unable to handle any form of academics; however, in past month has shown a marked change of attitude and will now try various academic approaches. Can read at about a fourth grade level, about fifth for math. Responded well to language master and middle grade baseball story. Is beginning to improve academically.

(3) Activity Group -- Was needed, but no suitable age group available.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
Must have weekly psychotherapy sessions. Needs much ego support, opportunities for success in school. Child should see guidance counselor or social worker on a once a week basis.

F. Recommendations for School for 1969-1970
Recommend a work-study (½ day week, ½ day school) program which includes art work, graphic arts, exposure, and mechanical drawing. Needs remedial reading and math.

G. Recommendations for Parents
Encourage child to remain in school. (He wants to drop out when 16). Arrange visits to art museum and concerts, visits to new and different cultural locations, shows, exhibits, fairs, Museum of Science and Industry, Natural History.

H. General Information:
1. Were the parents in treatment? no Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. Other Comments:

Child's growth has also been impeded by cultural deprivation.

Not eligible for DLC program next year. Will be in District #211.

CODE
25

A. **Current Diagnostic Status**
Chronic depressive.

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
No change. (Father committed suicide eight (8) years ago).

C. Prognosis
Good.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling Joan and the therapist made the mutual decision to terminate treatment at the end of February. We met only a time or two after the mid-year staffing; therefore, there is nothing to add. Therapy was primarily supportive. The girl responded to this approach and began to take more interest in her appearance. Peer relations are good. She is not outgoing but relates pleasantly with adults. She was significantly less depressed at termination than at the beginning of treatment. School grades had improved.

(2) Psychoeducation

Not assigned to L.S.

(3) Activity Group

None.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

None.

F. Recommendations for School for 1969-1970
1. Provide benevolent, strong father figures (possibly a male counselor).

G. Recommendations for Parents
1. Steer her to school counselor, male relative, or male neighbor in whom she could confide and who could give her fatherly advice.

H. General Information:
1. Were the parents in treatment? Yes/ mother Should they have been? Yes Was it recommended to them? Yes
2. Has teacher(s) had in-service training? No

I. Other Comments:

Mother states that she has gained some insight into the family problems. She is now providing opportunities for the client to become more independent.

CODE
26

A. Current Diagnostic Status

Situational reaction of childhood.

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

No known change since mid-year report. Family situation is stable, relationships are improving.

C. Prognosis

Excellent.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling (a) Objective was to give support, enhance self-concept, etc. Chris was already on her way to doing that. She had undergone a situational reaction: mother's stroke had resulted in depression for Chris. With mother's excellent recovery, Chris's depression abated. We worked with art projects which she could handle independently and well, and also talked about problems. Chris could be objective, was straight forward and would try new approaches to problems. (b) She charmed the staff members she related with at the Center and seemed to be equally at ease with adults and peers. (c) Never a problem. (d) Improved home situation (mother's recovery , family intact again, fewer financial worries, father's plan for self-improvement -- to train to get a better job). (e) None known. (f) None.

(2) Psychoeducation

Chris came to me in a panic after failing a math test. She began coming in twice a week. Mr. Wood saw her a couple times for tutoring and the therapist began working with her to grasp basic concepts of algebra. She got an A on the next test. She has not asked for help since and has not worked as hard but seems to be doing acceptable work.

(3) Activity Group

None.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

Continued treatment is not necessary, but a sympathetic, warm school counselor should be available to her to help her over any difficulties that might come up and to provide emergency tutoring if necessary.

F. Recommendations for School for 1969-1970

See "E" above.

G. Recommendations for Parents

Keep it up.

H. General Information: Mother came to 1 or 2 group meetings. Probably not necessary.

1. Were the parents in treatment? Yes / Should they have been? / Was it recommended to them? Yes
2. Has teacher(s) had in-service training? No

I. Other Comments:

CODE
27

A. Current Diagnostic Status

Adequate Personality

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Same (Parents are attempting to improve Francis social relationships, also pushing child out from family influence)

C. Prognosis Good

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling

1. Supportive therapy
   Play therapy

Francis is more self-confident, more verbal and assertive
Frostig program completed part one (figure ground)
Reading 3.1 Arithmetic 2.3

(2) Psychoeducation None

(3) Activity Group None

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

1. recommend day camp
2. enrichment activities in local area
3. not recommended for treatment for 1969-70

F. Recommendations for School for 1969-1970

Continue Frostig materials Form constancy. Have child enter school activities.

G. Recommendations for Parents

Continue to encourage child to seek new experiences outside family.

H. General Information:

1. Were the parents in treatment? no Should they have been? no Was it recommended to them? no
2. Has teacher(s) had in-service training? no

I. Other Comments:

Francis has developed enough ego strength when treatment is no longer needed.

CODE
28

A. Current Diagnostic Status
Burned child syndrome.

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Parents are still quite passive, inconsistent and largely ignore this child's existence. They were infrequent members of their parent's group.

C. Prognosis
Poor.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling - None.

(2) Psychoeducation - (a) Perceptual training and reading foundations were presented from every direction to establish a base for reading skills. Counseling was made a part of his reading program but feedback to the parents did not yield significant changes in their behavior. (b) The client still finds it difficult to become a group member and engage in the give and take of social structures. He resents authority, will not ask for help and is very rigid in accepting it. (c) His self-control is restricted to staying awake during class sessions. He is too young to establish good patterns for self-realization and is expected to make his own schedule and order. (d) Ability placement for reading has helped him ~~(2) Psychoeducation~~ in phonics. (e) Parent lack of consistency and concern have slowed his progress. (f) Continuing of parental neglect was not foreseen. (g) Reading: 1.5 Gain of .1, Arithmetic: 3.3 Gain of 1.2.

(3) Activity Group
1. Started as a passive, non-assertive loner.
2. In progress interacted with some vented hostility, became aggressive.
3. Sarcastic to leader, vents hostility towards authority.
4. At conclusion, interacted freely with some group members.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
1. Refer client to Reading Research Foundation for Preliminary Screening and 2½ week summer session.
2. Enroll child in YMCA summer camp and suggest participation in boys' groups, i.e., Boy Scouts.

F. Recommendations for School for 1969-1970
Continue placement in ability grouping, place in structured classroom where reinforcement is constant.

G. Recommendations for Parents
1. Recommend parent treatment for consistency in handling Phillip and for developing warmth toward this boy.
2. Provide improved hygienic pattern.

H. General Information:
1. Were the parents in treatment? Yes Should they have been? Yes Was it recommended to them? Yes
2. Has teacher(s) had in-service training? No

I. Other Comments:

Phillip is one child who in over a year's treatment shows little or no progress. He still looks and acts deprived and is characterized by a woe-be-gone expression. The experience of success has not helped his attitude or ego-concept.

CODE

29

A. Current Diagnostic Status

Passive Aggressive Personality with castration-anxiety

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Father has unrealistic goals for son (too high). Son cannot live up to these goals, causes feelings of inadequacy and further damaging an already poorly developed self-concept.

C. Prognosis

Poor -- Father resistive to changing behavior--mother can't change father either

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Relates well to peers and adults. Self-controls need further development. Attempts were made to build child's self-esteem by exposing him to successful experiences in model building, art, story dictation. Teacher reports an improvement in his attitude toward school, and slight academic growth. Reading about level 3.

(2) Psychoeducation -- Dennis will respond positively to definite but limited structure (i.e. Today we will do just this one page, or half page). He needs such structure at this time. He will try to foster dependency on others, but whe given encouragement and support will often accomplish task by himself. His lack of confidence in himself inhibits his attempts; thus the need for constant encouragement and support. Can sound out many words if encouraged.

(3) Activity Group -- Not necessary

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

Will need periodic counseling to help him with the frustrations he is experiencing at home and school. Suggest child see school social worker or guidance counselor. Teacher should use as much motor and tactile activities in approaching subject matter with child. Activities might be art or craft type, model building, etc.

F. Recommendations for School for 1969-1970

Continue placement in low level reading group. (about 3rd grade level). Assignments must be short and directions very precise and clear to child. Suggest teacher who will work with child in a more individual manner; one who is personable and has much patience.

G. Recommendations for Parents

Adjust expectations at present time to a more realistic goal. Father to ease pressure on boy.

H. General Information:

1. Were the parents in treatment? no Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? yes

I. Other Comments:

Not eligible for DLC next year -- District 15

CODE
30

A. Current Diagnostic Status

Anxiety reaction, mild

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Parents have shifted in attitude toward child with less over-protection from mother and more support from father

C. Prognosis

Excellent

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Objective of therapy was to relieve boy's anxiety and improve self concept. These goals have been achieved. We have used relationship therapy as a primary modality and have provided success experiences through advanced model building and physical activity. Self control is no longer any problem. Comparing child today with report on original referral, shows virtually total resolution of problem with minimal academic difficulty remaining. Tom has made remarkable improvement and has gotten a lot of gratification from coming to DLC

(2) Psychoeducation

not applicable

(3) Activity Group

not applicable

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

In Little League for summer
I would continue psychotherapy at least for one semester next year to aid in transition to new class and continue improvement in self-concept.

F. Recommendations for School for 1969-1970

Needs teacher who can be as supportive and see him as positively as his present teacher as he responds well to encouragement. May need outside help in math.

G. Recommendations for Parents

Mother to continue to deal with him realistically and less protectively.
Father should give more recognition and keep expectations realistic.

H. General Information:

1. Were the parents in treatment? yes Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. Other Comments:

CODE
31

A. **Current Diagnostic Status**
Serious emotional problems - poor organization of his total personality patterns - social, academic and physical.

B. **Summary of Family** (Current status and recent changes within family--physically and dynamically.)
Grandmother inconsistent - indulgent, overly critical, impatient. She denies Michael has emotional problem. She tends to be passively-resistant.

C. Prognosis
Guarded.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling

Does not apply.

(2) Psychoeducation
Mike is hyperactive and disorganized to the point that academic concentration is extremely difficult. He can manage to concentrate for a few minutes when he knows the activity will be short or for longer times if he can terminate when he wishes. He has worked with educational games, workbooks, records, etc. He finds it extremely difficult to make choices or manage his own time. He puts forth lots of energy to manipulate and control situation and seems to relax only when definite rules are established and control limits set.

(3) Activity Group

Does not apply.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
1. Summer therapy on one-to-one basis or with another one or two children in a relaxed structured environment.
2. Summer School - District #59 - "Fun Type".

F. Recommendations for School for 1969-1970
1. Special class for emotionally disturbed.
2. Individual therapy.

G. Recommendations for Parents
Set limits, establish controls, be fair and consistent.

H. General Information:
1. Were the parents in treatment? No Should they have been? Yes Was it recommended to them? No
2. Has teacher(s) had in-service training? No

I. Other Comments:

Summer school for 1969 (half-activity and half-academics). Counselor was to maintain contacts with grandmother (supportive type counseling).

CODE
32

A. Current Diagnostic Status
Inadequate Personality

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Mother is not working and is in the home full time

C. Prognosis
Fair

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling

1. Corrective emotional experiences
   unconscious material becomes conscious
   uncovering and supportive therapy
   interpretation--transference

Bruce has developed some impulse control. Also he has given up some of his immature behavior. He is developing a more adequate male concept. Also his self-confidence is improving.

(2) Psychoeducation

None

(3) Activity Group

None

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

1. Continued individual therapy
2. boys high school age group therapy--or activity group

F. Recommendations for School for 1969-1970
close contact with teachers
low track program.

G. Recommendations for Parents
continue treatment for parents in DLC
possible group

H. General Information:

1. Were the parents in treatment? yes Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. Other Comments:

CODE
33

A. Current Diagnostic Status

Schizoid Reaction

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Mrs. Fesanco is terribly frustrated with her son and quite ineffectual in dealing with him. She has difficulty in setting limitations and controls on him.

C. Prognosis

Hopeful

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling

Does not apply

(2) Psychoeducation -- Academic tutoring in mathematics was initiated. He intensely resisted a change to a more academic approach. This open resistance has now become a more passive resistance. He tends to remain emotionally detached. He still tries to manipulate the L.S. He would like to choose his own activities. Tends not to become involved in an activity and after it is initiated he soon wants to change it or simply give up. He is aware of his failure grades in math, but has little desire to attempt to remedy the situation. He needs concrete manipulative devices such as Cuisenaire Rods which he has used at the Center. He needs a basic structure of mathematics; especially to understand the properties in math.

(3) Activity Group -- Behavior tends to vary a great deal, depends on individual mood-at times he will become involved in activity and become motivated to try his best; however, on other occasions he makes fairly little effort, becomes only minimally involved; and at other times he becomes generally uncooperative and refuses to participate. Very difficult to draw him into an activity, tends to become depressed easily. It appears that outside situations that happen at home and school will influence his type of behavior in the group.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

Summer:
1. Enroll at Pioneer Park for minimum of two classes which will involve group activities.
2. Attend Hasting YMCA Camp for minimum of two weeks

Treatment:
1. Academic therapy at DLC twice weekly (Mathematics). Activity Group once weekly.

F. Recommendations for School for 1969-1970

1. Firm LASS teacher who will provide well structured program and allow socially acceptable channels for aggressive behavior.
2. Work in IIR room for reading as much as feasible.
3. Normal expectations in regular physical education class; his physical problem has been alleviated.

G. Recommendations for Parents

1. Mothers' group to learn how to be consistent in the handling of her children.
2. Encourage father and son activities.

H. General Information:
1. Were the parents in treatment? no Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? yes

I. Other Comments:

Eligible for DLC in 1969-70

CODE
34

. A. Current Diagnostic Status
Passive Aggressive with Depression

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Father rejects boy totally. Mother culturally deprived herself and does not provide intellectual stimulation for boy. The boy has good ability, however. Mother tries to minimize, almost deny, school problem.

C. Prognosis
Poor, at this time. Possibly with maturity and a change of environment this boy may blossom.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Tom did not come to Center for first half of this year due to transportation problem. After a few months of work he showed very slight indications of personality growth--a very infrequent smile, an occasional positive response, etc. Built a model in a haphazard, "don't care if I do," manner. Never completed it. About only positive statement he made to counselor was that he liked his new bike. Otherwise, seemed adverse to interaction with adults. He has been disappointed and rejected by them many times in his young life.

(2) Psychoeducation -- None

(3) Activity Group -- Very depressed child. Will try hard occasionally, but for most part has a very defeatist and negative attitude. Does not want to be involved and expresses this verbally. Needs much encouragement and support and needs someone to get him involved in group using positive approach. Very poor self-concept.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
Needs weekly psychotherapy sessions, an angry and very depressed child, very gloomy. Reluctant to interact with people, especially adults. Distrustful of adults in terms of committing himself emotionally.

F. Recommendations for School for 1969-1970
Needs much encouragement and support. Structure should be clear, but softly applied. Regular classroom placement is recommended with warm and friendly, outgoing male teacher. Needs much individual interaction from teacher and not just in academic areas, but on a social basis.

G. Recommendations for Parents
Provide as many cultural experiences as possible. Take to Museum of Science and Industry, Natural History, County Fairs, movies, etc. Be more accepting of boy.

H. General Information:
1. Were the parents in treatment? no Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? yes

I. Other Comments:

Not eligible for DLC next year
District #15

CODE
35

A. Current Diagnostic Status

Reactive depression with low normal IQ

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Parents were divorced in April. Father remarried in May. Father lives in Chicago (currently the home environment is less tense.

C. Prognosis

Good, if treatment is continued.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Objectives in treatment are to improve his self concept and provide a warm supportive atmosphere conducive to learning. He was able to verbalize his feeling about home, school, peer and self. Client has been able to relate feeling but still has difficulty talking in large group. (over-controlled in school)

(2) Psychoeducation -- Client is still below grade level, but is gaining some insight into his academic problems. Reading is the most successful subject in school. Writing skills are inadequate. Arithmetic skills are below grade level--high anxiety in the area of math. (presented one concept at a time.)

(3) Activity Group -- None

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

Continue the same treatment at the DLC with a structured remedial program.
Participate in the local park program and Little League
Client is attending a two week program in a Hockey Training School in Toronto, Canada

F. Recommendations for School for 1969-1970

Warm, understanding male teacher
Set realistic academic goals with client
Motor Facilitation

G. Recommendations for Parents

Spend weekend with father in Chicago
Short trips with father alone
Parents communicate with each other rather than through client.

H. General Information:

1. Were the parents in treatment? yes Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? yes

I. Other Comments:

Teacher worked very closely with the DLC

CODE
36

A. Current Diagnostic Status

Anxiety Reaction in remission; chronic mild schizoid symptoms

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

No changes in family since diagnostic study

C. Prognosis

Fair

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Joe was to be seen briefly to handle anxiety around impending testicular surgery This was accomplished. Joe had been very interested in a treatment group he had been in in school but this was discontinued so Joe was retained in individual therapy with a goal of improving peer relations. There have been minimal gains in this area. No academic work done.

(2) Psychoeducation

Not applicable

(3) Activity Group

Not applicable.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

Joe should be in an adolescent therapy group, preferably in the school setting because of transportation problems, but at DLC of not available elsewhere.

No special summer program is indicated.

F. Recommendations for School for 1969-1970

Try to engage in some extracurricular peer activity, such as model rocketry club, photo club, etc.

G. Recommendations for Parents

Push Joe into some outside peer activity through YMCA, church or other structured program.

H. General Information:

1. Were the parents in treatment? no Should they have been? no Was it recommended to them? no
2. Has teacher(s) had in-service training? no

I. Other Comments:

CODE
37

A. Current Diagnostic Status
Anxiety Reaction

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Lessening of mother-son hostile-dependency and improvement of father-son relationship. Mother supports his treatment at DLC but wants more academic work done with him.

C. Prognosis
Good - with continued treatment and a supportive educational environment.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling Initially Tim was so anxiety ridden he could stay with an activity only a few minutes and he got little relief from usual anxiety-releasing activities. Tim is very verbal and relates well to me and other children with whom he interacts at Center. I have been firm and consistent with Tim but also have emphasized a positive approach. His anxiety has lessened remarkably, at least partly as a result of medication. Perceptual skills in therapy activity are good. Tim has good self-control at DLC as his anxiety level has lowered. Tim can engage in formal verbal psychotherapy when needed. He is able to work independently on projects, needs a little help with written instructions. Relationships in general have improved and Tim is now able to express aggressivity and hostility more appropriately. He would be expected to react negatively in an environment which he perceives as hostile toward him. Differing views of child by school and DLC staff impeded therapy by making a consistent approach impossible.

~~(2) Psychoeducation~~

(2) Psychoeducation
Tim's program was based on strengthening perceptual patterns necessary for reading success. Acceptable academic behavior was reinforced and consistency of handling was practiced throughout all sessions. He sees the need for self-control in academic settings as more important and does respond to positive reinforcement on a one-to-one basis. The client still rejects formal academic situations, e.g., standardized academic tests.
Reading 1.9 Gain of .4, Arithmetic 3.3 Gain of 1.1.

(3) Activity Group
Not applicable.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
Family has made summer plans including extended family camping. Tim should continue in psychotherapy next year on a twice weekly basis; should have an academic psychoeducational approach 2-3 times weekly.
Both parents should be in parent groups.
Tim should be assigned to a DLC activity group.

F. Recommendations for School for 1969-1970

1. He should be in a different school where he has not had negative experiences.
2. Follow neurologist's recommendation for "a maximal enriched educational environment".
3. Close communication between classroom teacher and learning specialist to coordinate work.
4. Minimal contact between school and parents.

G. Recommendations for Parents

1. Continue approach as outlined in therapy this year.
2. Parent groups.

H. General Information:
1. Were the parents in treatment? Yes Should they have been? Yes Was it recommended to them? Yes
2. Has teacher(s) had in-service training? No

I. Other Comments:

Illinois Test of Psycholinguistic Abilities revealed no perceptual deficits that could account for low school achievement.

CODE

38

A. Current Diagnostic Status

Inadequate ego development--identity problem--potential high achiever

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Mother suffered long bout with cracked disc and now is limitedin her ou-of-house activities. Brother not as important a problem as previously stated.

C. Prognosis

Good

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling - None

(2) Psychoeducation -- (a) Reading, word skills, and dictionary skills were stressed with a variety of high-interest, low-ability materials. He responded well to reading enrichment in adventure-mystery series. Science projects were undertaken for skill development and sequencing. (b) The client has always been able to vent his feelings and discuss his shortcomings in academic areas. Communication at home has improved in the last year. (c) Self-control has never been a problem with this child--acting out would aid in his development. He has withdrawn frequently into fantasy and daydreams that need to be acted out. (d) Progress has been quite slow, but steady, marked by self-assessment and self-realization. (e) Family illness has slowed family involvement in the program and client's procrastination. ~~(2) Psychoeducation~~ (f) Lack of teacher-team coordination was not expected or client's lack of self-determination and assertiveness. Teacher insensitive to child's needs and goals of program.

(g) Reading: 8.3 Gain of 2.4
Arithmetic: 5.6 Gain of .2

(3) Activity Group

None

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

1. Guidance Counselor or social worker to check on Jim's progress in regular school program.
2. Summer school was planned by the client for courses he felt were needed for eighth grade.

F. Recommendations for School for 1969-1970

1. Treat the client consistently and set realistic goals for him to achieve within reasonable time limits.
2. Alert guidance counselor or social worker to needs for good male model.
3. Broaden scope of activities.

G. Recommendations for Parents

1. Stress progress, not procrastination.
2. Train with constructive criticism, especially when any self-direction is shown--give projects that demand step-by-step processes.

H. General Information:

1. Were the parents in treatment? no Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. Other Comments:

CODE
39

A. Current Diagnostic Status
Schizoid personality -- (improved)

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Parents have recently become involved in therapy. Mother urged to lessen boy's dependence on her.

C. Prognosis
Fair-to-good, dependent on availability of treatment

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Initially Todd was cooperative, agreeable and pleasant to work with, but revealed nothing of himself or life away from DLC. He was bland and withdrawn, had only solitary activities. He related well with me, but still was guarded. Peer relations were practically non-existent. He is over-controlled. Remarkable progress was made after parents became involved in therapy and Todd saw them sharing responsibility for his problems. He is now more outgoing, spontaneous, volunteers information. He has become quite dedicated to therapy and is very upset he cannot continue coming to DLC. There has been major improvement in all areas.

(2) Psychoeducation -- Retest after 14 months; Reading 6.7, gain of 1.6; arithmetic 5.4, gain of 2.0 Worked with Controlled Reader, Jr. and responded very well. Improved significantly while working with this. Read well in middle grade and sixth grade material. Responded very well to constant ego support. Thrived on art work and praise. Showed significant personality growth, more spontaneous.

(3) Activity Group-- Seems to enjoy activity group, tends to be on quiet side. Is enthusiastic about being in group. Works hard in any sports activity attempted. Seems to be developing assertiveness and team spirit. Is generally a follower in group. At times attempts to relate to members of the group. Expresses in a non-verbal manner (facial expressions) his feelings of contentment in being in group.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
Todd emphatically should continue in psychotherapy since he has found someone to whom he can relate. Therapy should be to enhance further personality growth, improve self concept and enhance male identification.

Definitely needs to continue in an active group therapy program modeled on one he is now in.

F. Recommendations for School for 1969-1970
Continued placement in slightly below average tract recommended. Teacher must be one of a warm and friendly personality, who will interact with Todd on a personal basis occasionally and preferably a male.

G. Recommendations for Parents
Parents should continue to be seen, at least monthly, to continue the approaches outlined for them.

H. General Information:
1. Were the parents in treatment? yes Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. Other Comments:
This is a youngster who has begun to bloom within the last two months of treatment. Interruption at this point is regretable. It is doubtful parents can afford even private psychotherapy and psychoeducation and group therapy would not be available on this level elsewhere.

School's note of minor misbehavior is an encouraging sign as this boy has been too passive and over-controlled.

CODE

40

A. **Current Diagnostic Status**

Passive Aggressive

B. **Summary of Family** (Current status and recent changes within family--physically and dynamically.)

C. **Prognosis**

Poor, unless boy becomes motivated.

D. **Summary of Treatment.** As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling

(2) Psychoeducation - He has worked from a second grade mathematics workbook at school. He has highly resisted all attempts to work in Langage Arts. Other activities have included working electrical gadgets, games, work on a truck model and sex education. When the activity is his choosing he is totally engrossed in the project and wants to stay overtime. When asked or required to conform, he becomes very hostile.

(3) Activity Group -- He is generally uncooperative. He has verbally expressed dislike for group activities. He has told leader on several occasions that he would rather be mowing lawns to make money rather than participate in activities in DLC. The attempt is to get group members to establish controls for him so that he does actively participate in activities with them. On numerous occasions he has stayed in school rather than come to the DLC activity group. It appears that the school has not been following through on commitments to establish definite structure and routine for him. On a number ~~(3) Activity Group~~ of occasions, Counselor has called the school regarding his absence from group. School seems to vary in approach in regard to handling him--at times providing definite structure, at times being very lax with him. Prognosis appears poor unless the school and other people involved with this boy establish a definite pattern of consistency and definite structure for this child. In reality, he does want to belong with the other members of the group. He wants to be accepted by other children and his non-cooperative, distant hostile attitude is his facade for his feelings of inferiority due to not being accepted by group members.

E. **Recommendations for continued treatment and/or other services for child (include suggested summer activities).**

Treatment:

1. Group therapy.

F. **Recommendations for School for 1969-1970**

1. Place with firm, fair and friendly male LASS teacher
2. Work in Individualized Instruction Room for reading and mathematics
3. Student must participate in regular school physical educatinn program.
4. Insist on good hygiene

G. **Recommendations for Parents**

H. **General Information:**

1. Were the parents in treatment? yes Should they have been? ________ Was it recommended to them? ________
2. Has teacher(s) had in-service training? no

I. **Other Comments:**

Eligible for DLC program in 1969-70

CODE
41

A. Current Diagnostic Status
Passive-Aggressive personality

B. Summary of Family (Current status and recent changes within family--physically and dynamically)
Family unit stable. Too much pressure for academics success from parents.

C. Prognosis
Appears good if pressure is relaxed.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Bill has gained confidence in himself, doing better in school. Self concept has improved with constant support. He is more assertive now, not as passive. He is relating very well to teachers and adults in general, but in a peer group he tends to feel neglected if not center of attention. He does not know how to cope with overly-aggressive boys--feels threatened by them.

(2) Psychoeducation -- Bill will continue to need below-average placement in language arts for the next year or so, but should be able to catch up. Remedial reading recommended for next year, on individual basis. Develop phonic and word analysis skills further.

(3) Activity Group -- Dropped out of group. Felt threatened by a few aggressive members. Recommend need for small group activity and model building or art activities.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
Will continue to need small group activity. Recommend park district activity for latter part of summer, after return from Boy Scout camp. Bill will continue to need some individual counseling for next year, certainly until he adjusts to eighth grade. Should see guidance counselor or school social worker.

F. Recommendations for School for 1969-1970
Use art activities as vehicle for subject matter contact. Continue academic placement in current, below-average placement in language arts. Would profit from more physical activity, such as model building, as this is an avenue of ready success for him. Recommend individualized reading program approach on remedial level.

G. Recommendations for Parents
Relax pressure for academic success. Parents seem overly concerned, but have eased up somewhat. Need to ease up even more. Parents are very busy people with many pressures on them.

H. General Information:
1. Were the parents in treatment? no Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. Other Comments:
Bill will continue to need ego-support, successful experiences, to further strengthen his self-concept. He loves model building and does quite well in art. Art would be a good way for Bill to become involved in social studies, language arts and science. He enjoys art very much and is quite successful in art projects.

CODE

42

A. Current Diagnostic Status

Passive-aggressive

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

No known change. Parents and child withdrew from treatment. Parents planned to "spend more time with" child. This is less likely to be beneficial than to perpetuate the hostile family interaction.

C. Prognosis

Poor unless child and parents resume treatment.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling Child withdrew from treatment shortly after mid-year staffing, against the advice of the Center. She had become very upset about riding the bus to the Center and about her peers' teasing. She became extremely disorganized and hyperactive. Although the anxiety began to abate and although the therapist recommended letting the girl work out this problem for herself and even agreed to see her after school if nothing else would work, the parents chose to use the upset as an excuse for taking her out of treatment. They, themselves, stopped attending the parent groups at the same time. I am very pessimistic about this youngster's chances of leading a satisfying adult life unless both she and her parents have therapy. It is unlikely, however, that they will at this time.

(2) Psychoeducation

Not assigned to L.S.

(3) Activity Group

None.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

1. Therapy for child.

F. Recommendations for School for 1969-1970

1. Encourage physical education and competitive games as a socially acceptable outlet for aggression.
2. Encourage art and other creative activities.

G. Recommendations for Parents

1. Treatment individually or as a couple.
2. Do not work with child on academics at all.

H. General Information:

1. Were the parents in treatment? Yes Should they have been? Yes Was it recommended to them? Yes
2. Has teacher(s) had in-service training? No

I. Other Comments:

CODE
43

A. Current Diagnostic Status

Passive-aggressive personality

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Family ready to move to a smaller town due to father's employment. Father absent from home now except for weekends.

C. Prognosis

Good

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Boy relates on superficial level and has made growth on surface and in terms of reality testing. He has many feelings of inadequacy probably related to his long history of physical problems and attempts to over-compensate. He is still emotionally immature in his stubborness and refusal to follow directions in projects, attempting short cuts which are usually self-defeating. He has great need to demonstrate physical prowess and deny his physical handicap. He needs a great deal of realistic support from adults and peers. I would not respond to his bragadoccio and permit him to "fall on his face" when he insists on doing things his own way, at the same time pointing out he is deviating and the consequences will be his own. Most of sessions were play therapy oriented (complicated model building) and did result in some ego growth.

(2) Psychoeducation a. Reading remediation through self-competition on high interest-low ability materials and math enrichment on high school level.

b. He is a very verbal, eager boy who talks a great deal about skills he doesn't possess. He is more honest in his self appraisal and has better peer relations now than before.

c. His self-control has grown this year and he changed from a little boy playing pranks to a more mature young adult.

d. Open discussion of problems as they occur and before they develop have aided him in maturation.

e. There were no impeding factors.

f. Moving from this geographic area to a small rural area was unforseen, yet may aid his development.

~~(3) Activity Group~~

g. Reading: 7.9 Gain of 3.2
Arithmetic: 8.6 loss of .1

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

Continued psychotherapy not indicated.
Summer activities are impossible due to family move out of area.

F. Recommendations for School for 1969-1970

1. Enrollment in a public high school in his new town.
2. Participation in sex education program.
3. Social worker or guidance counselor to be made aware of treatment program followed.

G. Recommendations for Parents

1. Continue same attitude about his physical problems and opennass to discussions about his problems.
2. School records and DLC records to be sent to new school (request to be made by parents).

H. General Information:

1. Were the parents in treatment? no Should they have been? no Was it recommended to them? no
2. Has teacher(s) had in-service training? no

I. Other Comments:

CODE
44

A. Current Diagnostic Status

Passive-dependent personality.

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

No physical changes. In home, no direction or structure of involvement from mother. Father interferes with boy when punishment is needed which is directed from mother's inabilities to cope with Jack's acting behavior with siblings.

C. Prognosis -- Good

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling

Jack was seen once a week, supportive therapy was used. He was extremely shy, quiet, withdrawn and with feelings of poor self-adequacy. His behavior would vascillate from withdrawn to hyperactive. Later in year his behavior became more stable and he gained more self confidence and he became more verbal.

(2) Psychoeducation -- The objective is to have the boy become more aggressive in a constructive pattern--socially and academically, which would lead to an improved self-concept. Reading and math workbooks on the readiness and beginning reading level were used--story telling and recording on tapes were exciting for him. He also responds positively to drawing pictures about things and feelings (sad-happy-angry, etc.). His moods are inconsistent and his academic achievement hinges on the psychological mood when he enters the session.

a) Wherever possible the learning specialist combined play or game type activity with the academic skill to be covered. He seemed to be recalling and using more of previously learned skills.

b) He was communicative as the mood struck him--sometimes he was very verbal, sometimes extremely quiet

c) Jack was over controlled in his sessions. He enjoyed goal-setting with his learning specialist and was

~~(3) Activity Group~~

very satisfied when he met a goal successfully. (Frostig material was used and Jack completed first section -- figure ground)

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

1. Individual tutorial program for reading only.
2. Summer school for enjoyment--creative art, creative dramatics, physical skills and park district swimming classes.

F. Recommendations for School for 1969-1970

1. Individualized reading program at Learning Center of school.
2. Possible private tutor beginning January 1970 upon recommendation of classroom teacher and Learning Center Director.

G. Recommendations for Parents

1. More involvement by father.
2. Consistent, firm, fair limits in home.
3. Mother to continue in group therapy, if available through school psychologist.

H. General Information:

1. Were the parents in treatment? yes Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. Other Comments:

CODE
45

A. Current Diagnostic Status

Anxiety Reaction with environmental restriction

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Child is culturally deprived. Very little intellectual stimulation provided by home. Grandfather seems to be partiarch of family and dominates the scene. Child's ambition is to take over family greenhouse.

C. Prognosis

Fair to poor unless environment becomes more stimulating.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- One goal of treatment was to get child to ventilate on problems. Another goal of treatment was to provide as much intellectual stimulation as he would take. Would often forget events and experiences, his glasses, etc. due to high anxiety level. Child is very well mannered, and respectful of authority. Generally, cheerful. Self-controls seemed adequate, as were relations with peers and adults.

(2) Psychoeducation -- Expose child to wide variety of cultural experiences through auditory channels.

(3) Activity Group -- Not a leader in group but a very active and hard working participant in any sports activity. Generally enthusiastic, cooperates well with team-mates, enjoys being a member of group, is generally quiet, affable, and works well with rest of members.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities). Should see counselor on a weekly basis. Child has many frustrations from school and home and needs a male figure to explore solutions to his frustrations.

F. Recommendations for School for 1969-1970

High interest in science so expose to science. Assign TV shows on cars, adventure series for him to report to class, orally or written. Needs as many experiences with movies, tapes, records, as he can get. Should go on trips to museums, parks, zoos, exhibits, auto shows, racing events (loves cars). Ask him to tell about various pictures from magazines, thus promote verbal fluency.

G. Recommendations for Parents

Provide more cultural stimulation, magazine pictures. Have eyes examined.

H. General Information:

1. Were the parents in treatment? no Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? yes

I. Other Comments:

Not eligible for DLC program next year
District 15

CODE

46

A. Current Diagnostic Status
Perceptual Handicap

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Mother was in a mother's group at the Center for several sessions. Leader felt that mother was doing the best she could do at home and that mother wasn't in need of additional therapy sessions.

C. Prognosis
Fair

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Does not apply.

(2) Psychoeducation -- He has completed the Frostig materials in Figure Ground Perception and Positions in Space. Appropriate first grade materials in reading and mathematics have been used at the Center and at school. He has successfully used the programmed reading materials. After his work periods at the Center, he has made an astronaut model, played games and played with Civil War soldiers. A speech problem is still apparent; however, his speech is now more distinct and mature. His self-concept has improved as he has met success in his academic work.

(3) Activity Group -- Does not apply.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
Summer
1. Enroll in local park district day camp.

F. Recommendations for School for 1969-1970
1. Placement in self-contained classroom for the perceptually handicapped.

G. Recommendations for Parents
1. Father to continue close involvement with son.

H. General Information:
1. Were the parents in treatment? yes Should they have been? ________ Was it recommended to them? ________
2. Has teacher(s) had in-service training? no

I. Other Comments:

Not eligible for DLC in 1969-1970.

CODE
47

A. Current Diagnostic Status

Obssessive-Compulsive with Depressive trends

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Family pressure (mainly from father) has abated, but still exists to a meaningful degree. Change is very slow. Mother seems pleased with Bret's improvement.

C. Prognosis

Good, with continued counseling/tutoring approach. Group activity to draw him out should be continued.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Bret has been worked with in both individual and group therapy. He seemed very fearful of adult males at first, and has shown definite growth in this area, but needs more work here. He now will initiate conversation with therapist, seems somewhat more assertive, willing to try, but needs more work on this.

(2) Psychoeducation -- Needs continued work on sight vocabulary - (Flash X, Dolch Flash Cards). A very slow, bit-by-bit, low pressure approach is needed with Bret. Not too much in each assignment. He completed Phonics We Use, Book B, and seems to be gaining confidence and ability in reading. He has not been pressured, however, and goes at his own rate. He responds favorably to this.

(3) Activity Group -- Bret responding well to group. He gains support and comfort from group, and is more assertive in the group than when not in group. Sports bring him out, open him up verbally, relax him.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

Continue in DLC program for next year.
Continue individual counseling/tutoring approach, coupled with small group activity. For summer, a residential camp is recommended to encourage individual growth and independence.

F. Recommendations for School for 1969-1970

Place with low-pressure, easy-going, understanding male teacher. Needs remedial work in reading and math.

G. Recommendations for Parents -- Strongly recommend residential camp for summer. Continue an accepting, low-pressure approach to Bret's academic achievement. Father to continue interacting with Bret in warm, relaxed fashion, in sports, boating, just talking about whatever Bret wants to talk about. Let Bret initiate some conversation. Be patient and he will come through.

H. General Information:
1. Were the parents in treatment? yes Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? yes

I. Other Comments:

Parents should encourage Bret to interact with peers, invite friends to his boat, etc.

CODE
48

A. Current Diagnostic Status
Passive Aggressive Personality

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Parents are essentially separated although living together. Father works days and comes home and takes over with children. Mother works evenings and nights and does not get up until children are gone to school. Parents have been evaluated and termed unreachable in treatment. They are satisfied with the relationship between them and are unmotivated for change.

C. Prognosis
Poor

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Boy relates well to the therapist. He has a poor self-concept and always appears neglected. He is not spontaneous about problems at home or school and denial is his primary method of ego defense. Self control has been good since he has been on medication, but since dosage is left up to him the regularity of drug control is questionable and I have observed quite a few mood swings. He is enormously insecure as a consequence of inconsistent handling in the home and must constantly test limits.

(2) Psychoeducation -- The child worked well with the learning specialist on reading and reading related subjects. He enjoyed his sessions even though he spent half his time trying to manipulate the situation into play activities--he consistently tests limits. Cooperation by the school social worker has helped Russ by giving him a chance to vent his anger acceptably and by having a receptive accepting adult near to him. Lack of parental involvement has slowed any real progress.

(3) Activity Group -- At beginning of group sessions he was extremely hyperactive. He could not stick with what the group was doing for long. He is communicating and interacting with most members of the group on a fairly positive basis. However, at beginning of sessions, he would lead some of group into extraneous activities whenever he got tired of present activity. This tendency to buzz off in different directions has diminished in recent weeks, and he is now sticking with an activity for a longer period and is leading the group less and less according to what suits his fancy at any given moment. His self-controls have improved significantly in past two weeks.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
He needs a lot of support and help with self control. Treatment can only be palliative as a result of parental non-cooperation.

Summer plans have been made by the family for unstructured activities at their summer home.

F. Recommendations for School for 1969-1970

1. Promote to Junior High level.
2. Alert social worker to continuing needs and for need to blow his top privately and return to class in a cooler mood.
3. Place with good male model teachers whevever possible.

G. Recommendations for Parents

1. Marital counseling--which they have refused.
2. Consistency in handling.

H. General Information:
1. Were the parents in treatment? No Should they have been? Yes Was it recommended to them? Yes
2. Has teacher(s) had in-service training? No

I. Other Comments:

Not eligible for DLC program next year. District 59.

CODE
49

A. Current Diagnostic Status
Passive-aggressive type with anxiety.

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Father is working almost continuously on an addition to the house. Not much time for the family.

C. Prognosis
Fair.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling Activity-oriented group of three girls to provide feedback concerning her interactions with others from peers and therapist. Laura takes a submissive role when with more capable (or, at least, self-assured) youngsters. In the activity group she was the most aggressive and in many ways, capable one. In this group she became the leader, frequently of unacceptable activities. She constantly and almost ritualistically tested limits; she complained bitterly injustice when disciplined or when she could not do what she wanted. However, she would respect a rule and caution the others not to break it if she had once been disciplined for breaking it. When by herself, Laura's reality testing is quite good; she can evaluate her problems, behavior, and progress, and can see what is called for in a given situation. She could even, on rare occasions, be supportive and helpful to the other girls. When in the group, she frequently formed a coalition with one other girl against the third and occasionally against the therapist. When she had an ax to grind, all logic went out the window e.g., a girl who had been sitting, withdrawn and silent, was to blame for Laura's getting up and hitting her. Laura's confidence has improved, probably with the help of being the leader of the group and of being more a participant in her education. Her teacher, in effect, did away with grades to remove a big source of anxiety and left a major portion of the responsibility to learn up to Laura. This approach has had good results with this child. Her self-control is still poor and needs a lot of work.

~~(2) Psychoeducation~~

(2) PSYCHOEDUCATION - Not assigned to L.S.

(3) Activity Group

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
1. Summer school - math, in order to catch up with the rest of the class.
2. Laura should continue in treatment, but her district is not participating in the DLC next year. Private therapy would help but it is doubtful that the parents would consent to this because of the expense.

F. Recommendations for School for 1969-1970
1. Present teacher should have frequent contact with next year's teacher to set up a program similar to this year's, which was probably ideal.
2. Expect her to break rules and push limits; be prepared to "sit on her" a lot; do not get sucked into arguments with her over discipline and limits but simply point out that if she chooses to break rules, she will have to face the consequences of her acts.

G. Recommendations for Parents
1. Be firm and consistent.
2. See "F 2" above.
3. Counseling for "Inconsistent Parent Syndrome".

H. General Information:
1. Were the parents in treatment? No Should they have been? Yes Was it recommended to them? Yes
2. Has teacher(s) had in-service training? Yes

I. Other Comments:

CODE

50

A. **Current Diagnostic Status** -- Depressive reaction

B. **Summary of Family** (Current status and recent changes within family--physically and dynamically.)
No change since stepmother has returned to live with John's father.

C. **Prognosis** - None--no "Summarization of Instructional Staffing". If anything prognosis could be labelled guarded. Fair with treatment (psychotherapy) and with improvement of stability within home. Could lead to hospitalization if no treatment sought.

D. **Summary of Treatment.** As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Objective--1. to affect boy's attitudes toward adults and his peers on a positive basis. (He is very critical of his peers as well as himself. 2. To verbally act out his hostilities. 3. Discuss his fantasies. A. Get him to verbalize while working, to tap his reserve of skills and abilities, to stress positive talents and real events in his world. B. Relates well with adults on a one-to-one basis. Relates poorly with children within a group. C. Achieves self-control through his fantasies. D. Progress achieved only if one-to-one situation exists and has attention focused on him. E. When he is within a group
F. Continuing lack of stability within the home. G. Below grade level.

(2) Psychoeducation -- None

(3) Activity Group -- Child is spunky, assertive, tries hard to win in any activity. At times he falls into self-depreciative role in regard to his capabilities of winning at various games attempted. He relates well verbally with leader; however, his relationship is somewhat cold, matter-of-fact, distant. John responds well to definite controls and limits.

E. **Recommendations for continued treatment and/or other services for child (include suggested summer activities).**

Quiet activities to "tone him down" and develop new interests and limits in academics, plants, etc. (loves rockets.) Learning Center at school to play a more active role in giving him projects to perform. Accent his interests.

F. **Recommendations for School for 1969-1970**
1. Social worker or school psychologist to work with child in a counseling capacity regularly and to work closely with classroom teachers.

G. **Recommendations for Parents**
Join in treatment.

H. **General Information:**
1. Were the parents in treatment? No Should they have been? Yes Was it recommended to them? Yes
2. Has teacher(s) had in-service training? No

I. **Other Comments:**
During the scientific experimentations, he was most cooperative and projected a completely different image of himself as long as he was with the treatment specialist. Very task oriented, perceptive. He could project what occurs next sequentially in a given science experiment. Seemed to be able to do more inductive thinking. One one-to-one basis boy seemed to be quite mature, in fact, acted like a little "old man". Appears to be very fond of little sister.

CODE
51

A. Current Diagnostic Status
Depressed - inadequate self-image-repressed hostility.

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Death of real father. Closer identification with step-father. Sibling rivalry with older brother continues but now Jerry is using him as an ego model.

C. Prognosis
1. Good with continued treatment. 2. Poor if treatment program is not continued.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling Jerry entered into treatment eagerly and sought more time. He used the relationship meaningfully and there was reduction in depressive affect. His peer relationships spread from one boy to include several. Despite his display of very real creativity and skill, Jerry was continuously self-depreciating and requires much emotional support. The refusal of parents to participate impeded progress. Jerry became very upset and hostile at the loss of his Learning Specialist and was furious, then deeply depressed when he learned he would not be coming to the DLC next year. Core hostility and depression are still repressed. Hostility is expressed primarily through teasing.

(2) Psychoeducation To build confidence and improve Jerry's self-concept, he worked short periods of time with such academic materials as the tachistoscope, controlled reader. reading and math workbooks. He worked on hobby activities, models, art, and story writing. Jerry and were together for most of the year. Jerry seemed to work hard when he was treated as a "very special person". He was able to share his attention with others and became quite competitive in trying to learn faster. He becomes attached to individuals and finds it difficult to adjust to losing those to whom he becomes attached.

(3) Activity Group

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
Continue tutoring - one-to-one.
He needs intensive psychotherapy with a supportive male who can enhance Jerry's feelings of adequacy and masculinity on at least a twice a week basis, and to encourage appropriate discharge of aggressivity and hostility.
Should be in boys' group therapy modeled on type initiated at DLC.

F. Recommendations for School for 1969-1970
Place in low track (not EMH).
Encourage any manual arts program available.
He has good art ability and enjoys it.
Could respond best to a warm, supportive male teacher.

G. Recommendations for Parents

None. Parents seem unable to follow through.
Mother refused even to request step-father to come to DLC for conference.
Total non-cooperation of parents.

H. General Information:
1. Were the parents in treatment? No Should they have been? Yes Was it recommended to them? Not seen.
2. Has teacher(s) had in-service training? No

I. Other Comments:
One boy was Jerry's "only real friend". They have been in the same class in school since starting kindergarten. Jerry was dependent on this boy. After individual therapy was begun, Jerry was separated from this one friend and seemed less dependent on his relationship and became involved with other peers.

Jerry's severe reaction to separation from DLC is seen as exacerbation of earlier separation experiences and loss of meaningful objects. Inability to work through parents and the depth of internalization of his emotional problem indicates a need for long term, psychoanalytically-oriented therapy as all improvement is going to have to occur within the child.

We have additional clinical psychological material which can be made available on request.

CODE
52

A. Current Diagnostic Status
Passive Aggressive

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
No recent changes
Mother remains over-involved with son

C. Prognosis
Hopeful

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Earlier academic approach was dropped. There was a direct psycotherapy approach with confrontation of his behavior. There was a direct approach to sex education. His classroom behavior and academic work gradually improved as a result of these confrontations.

In sex education he wanted additional information and asked a large number of questions. He was very concerned that he was different, that is uncircumcised.

(2) Psychoeducation

Does not currently apply.

(3) Activity Group

Spunky, assertive. His inner hostilities appear to be brought out in group activities. Generally cooperative. Well liked by members of the group. Quite verbal. Appears to respond well to any type of communication by group leader.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
Summer:
1. Two weeks at YMCA overnight camp
2. Active sports at Recreation Park
Treatment:
1. Activity group with later consideration for academic work with Learning Specialist.

F. Recommendations for School for 1969-1970
1. Placement with firm, fair and consistent LASS male teacher
2. Work in IIR room for academics as needed

G. Recommendations for Parents
1. Mother to become less involved with son; father to be more supportive

H. General Information:
1. Were the parents in treatment? yes Should they have been? ________ Was it recommended to them? ________
2. Has teacher(s) had in-service training? no

I. Other Comments:
Eligible for DLC in 1969-70.

CODE
53

A. Current Diagnostic Status

Looks underfed, wan, weak, depressed, far below class placement in many areas.
Inadequate Personality.

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Mother cold and depreciating of father and boy.
Father is weak, more like sibling than father.

C. Prognosis

Poor - needs great.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling

Does not apply.

(2) Psychoeducation

Does not apply.

(3) Activity Group

Attempt to draw Joseph out, to become more actively involved with peers, especially on verbal level. Joseph's communication with peers and adults is nil. He tends to be in state of inertia. Rather stoic - in activity group, very passive, will not assert himself. Passively "goes along" with any activities boys engage in.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

Involvement in boys' activity groups of summer, 1969 "Fun type" summer.

F. Recommendations for School for 1969-1970

1. School to continue present tutoring situation.

G. Recommendations for Parents

H. General Information:

1. Were the parents in treatment? No. Should they have been? No Was it recommended to them? No
2. Has teacher(s) had in-service training? No

I. Other Comments:

Parents must resolve some of their own emotional problems before any improvement can be seen in son. Parents were previously attending Read Zone Center Outpatient Clinic. Need to re-establish contact with Elgin State Hospital outpatient clinic as recommended by Read Zone Center.

CODE
54

A. Current Diagnostic Status
Passive-Aggressive personality, dependent type, with anxiety

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Mother has gotten less involved and is not harrassing student about grades and homework. Jim has never been a problem at home.

C. Prognosis -- Good, with continued treatment

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Treatment began as exploratory and as an extended diagnostic procedure. Through the initial months of treatment Jim was very guarded and non-spontaneous. When focus was shifted from traditional verbal psychotherapy approach to more a play therapy orientation, Jim gradually became more spontaneous and when he experienced real successes in complicated model-building, he was markedly less self-depreciating. He has excellent peer relationships and is a leader in athletics. Self-control is no problem, though there is normal sibling rivalry, especially with a brother. Parents have transported Jim and apparently encourage therapy.

(2) Psychoeducation -- Jim reads at about a third grade level. Because he lacks confidence in academics, he fosters over-dependency by trying to get the teacher to help him on something which he can do alone if encouraged and supported enough. The mother is now aware of this and since she has withdrawn somewhat from the picture Jim is doing better, trying more, trying harder. After much encouragement he will use phonetic and structured analysis in attempting to read. Without constant encouragement and support, he won't try.

(3) Activity Group -- not applicable.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
Jim has planned an active summer program for himself.
I would continue psychotherapy and psychoeducation for another year.

F. Recommendations for School for 1969-1970
Recommend assignment to Richard Walker for IASS
Child's anxiety and marked lack of self-confidence seem to be confined to school situation but could respond to a non-threatening teacher who offers a lot of support and encouragement.
Without this type of teacher offering such encouragement and support he will probably not attempt to learn the reading skills he is weak in. Assign to IIR program coordinated with DLC approach.

G. Recommendations for Parents
Continuing emotional support for Jim with emphasis on his positive accomplishments and on his efforts with minimal emphasis on grades per se.

H. General Information:
1. Were the parents in treatment? no Should they have been? no Was it recommended to them? no
2. Has teacher(s) had in-service training? no

I. Other Comments:
Jim has shown healthy personality growth and emotional maturation. Etiology of his problem is still obscure.

CODE
55

A. Current Diagnostic Status
Psycho-physiologic disorder with social retardation.

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
No known change since mid-year report.

C. Prognosis
Guarded-dependent upon acceptance of and involvement in therapy.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling Anne stopped coming to the Center about two weeks after the mid-year staffing. Therefore, there is little new information on her. Therapy was both supportive and directive. She accepted the support but resisted any action suggested. She needs help with grooming and the practical aspects of how to get a job and meet and keep friends. School counselor will keep contact with her and try to get her into a work-study program next year. She is, reportedly, attending a charm school. Both of these programs should prove very helpful for her.

(2) Psychoeducation

Not assigned to L.S.

(3) Activity Group
None.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

1. Long-term therapy.
2. Orthodontic work.
3. Treatment of skin problem.
4. Continue in charm school or other such program with emphasis on grooming and socialization.

F. Recommendations for School for 1969-1970

1. Continue in low track classes.
2. Work-study program and vocational guidance.
3. Encourage socialization and participation in activities in which she can perform adequately and in which she is accepted.
4. Sex education, including dating etiquette and other practical aspects of normal sexual behavior.

G. Recommendations for Parents

1. Encourage independence; e.g., expressing ideas openly (even when she opposes parents).
2. Encourage socialization.
3. Help her be accepted by encouraging her to look and act more like other girls her age.
4. See "E" above.

H. General Information:

1. Were the parents in treatment? No Should they have been? Yes Was it recommended to them? Yes
2. Has teacher(s) had in-service training? No

I. Other Comments:

CODE
56

A. **Current Diagnostic Status**
Anxiety reaction,massive.

B. **Summary of Family** (Current status and recent changes within family--physically and dynamically.)
Father back in home after hospitalization for alcoholism. Is still drinking. Mother may hospitalize him again. Mother has one more year of work on master's degree (education). May consider leaving husband, after she has that security.

C. **Prognosis**
Poor. Without treatment may require hospitalization. Likelihood of self-defeating, self-destructive behavior.

D. **Summary of Treatment.** As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling
Patient was seen only 6 times. He acted terrified throughout the sessions, was frozen and non-communicative regardless of activity. He resisted any approach in therapy and when given the choice to terminate after the trial period, he quit without reservation. He appears grossly constricted and frightened. I suspect an unresolved Oedipal problem which certainly contributes to his anxiety.

(2) Psychoeducation

Not applicable.

(3) Activity Group
Not applicable.

E. **Recommendations for continued treatment and/or other services for child (include suggested summer activities).**

Needs treatment but only when it is acceptable to him.

F. **Recommendations for School for 1969-1970**

Boy has been so terrified by his environment he should be in a permissive, non-repressive school situation. Will need extra academic help or outside tutoring.

G. **Recommendations for Parents**
Parents must reassure boy of the acceptability of treatment as well as its need.
Environmental change is unlikely.
Investigate community activities that would allow contact with a supportive, strong male.
Consider transfer to public school to provide opportunity for greater freedom.

H. **General Information:**
1. Were the parents in treatment? Mother Should they have been? Yes Was it recommended to them? Yes
2. Has teacher(s) had in-service training? No

I. **Other Comments:**

CODE
57

A. **Current Diagnostic Status**

Schizoid.

B. **Summary of Family** (Current status and recent changes within family--physically and dynamically.)

Child will now verbally fight with sisters. Mother realizes this is necessary if child is to develop independence. Child now also attempting simple manual tasks, e.g. removing knots from shoes.

C. **Prognosis**

Good

D. **Summary of Treatment.** As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) **Psychotherapy or Counseling** (a) Objectives - establish a meaningful, warm relationship, develop independence, be aware of and express feelings in appropriate ways. Methods - relate supportively without being smothering, provide acceptance and tangible satisfiers (e.g., candy or projects to take home), provide choices whenever possible (e.g., "You may wait in the lobby or come with me on an errand".), accept and interpret feelings (e.g., "This is a day when you feel like keeping secrets", or "I bet that makes you feel angry".), dollhouse play with interrogation and interpretation. (b) Ability to relate is vastly improved, will accept physical and verbal caresses easily; before she rejected them. Speaks with affect and meaning. Will occasionally tolerate other children around. (c) Can wait. Does not always over-work and destroy the beauty of her creations. (d) Possibly something during Christmas vacation? (e) My initial negative reaction to her. (f) (g) Reading 2.6+, arithmetic 2.5+.

(2) **Psychoeducation**

A structured, consistent program of short exercises with immediate reinforcement and warm accepting relationships. Used food as reward and reinforcement. She was extremely slow in developing relationships with an adult, resents any interference from other adults or children - is possessive. Her achievement academically is determined by mood, which can change and be manipulated by adults. Her self-control has increased tremendously. Progress has been accelerated by the use of a regular, consistent routine, with over-emphasis on reward for acceptable behavior.

(3) **Activity Group**

None.

E. **Recommendations for continued treatment and/or other services for child (include suggested summer activities).**

1. Continued treatment with learning specialist and therapy sessions. Anne needs a one-to-one relationship with an adult.
2. A gradual working into a small group relationship is needed.
3. Summer school or other structured activity that would provide interaction with peers.

F. **Recommendations for School for 1969-1970**

1. Warm, accepting teacher who can establish a consistent routine is of prime importance.
2. Encourage parental relaxation and less involvement with academic achievement.
3. Allow diverse opportunities for self-expression and encourage Anne to participate in groups where she is accepted.

G. **Recommendations for Parents**

1. Treatment for mother and father (primarily supportive in nature).
2. No school tutoring from parents.

H. **General Information:**

1. Were the parents in treatment? No Should they have been? Yes Was it recommended to them? Yes Recommended that mother resume private treatment.
2. Has teacher(s) had in-service training? No

I. **Other Comments:**

1. Food was an effective means of accomplishing successful results both before and after tasks.
2. Other forms of reward were: stars placed on a chart for each task successfully completed and allowing Anne to mark her own papers with one or all of the following checks, stars, happy faces, 100's, excellent, good, and A+.
3. Anne has made tremendous progress this year. She was, in the beginning, a most trying youngster, negative, stubborn, slow, and not physically attractive. Now she is a delight.

CODE
58

A. Current Diagnostic Status

Passive aggressive personality, passive dependent type

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Both parents have been involved in group therapy and apparently see him more realistically but still are disappointed in boy. Father appears to be rejecting of the boy. Father has dropped out of group for 3 weeks after being opposed. Very success oriented. Mother takes out her frustrations at father on boy and also over does with him to compensate for father son relationship.

C. Prognosis

Good

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Objective was to get child and parents to see him realistically as a bright but emotionally disturbed boy who is not organically damaged. Approach has been formal verbal psychotherapy, although this is mildly hampered by his speech problem. He is more involved socially, sees attitudinal improvement in self, and is more realistic about most goals in that he has insight when he gets too far out. He is still self depreciating and has many fears, especially in social areas although he feels he has improved here. He sees speech problem as wholly psychological and feels he has improved. This has not been noticeable to me. Peer relations have improved and he has moved out of the hostile-dependent home situation to get a part-time job.

(2) Psychoeducation

Mathematics evaluation shows lack of basic skills and probability of failure if he attempts to take algebra as he insists. He wants tutoring during summer, but not during school year as he feels he leans too much on tutor.

(3) Activity Group

Not applicable

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

Math tutoring over summer if he persists in plans to take algebra his senior year.
He wants continued psychotherapy and I would recommend it for another year.

F. Recommendations for School for 1969-1970

Appraise teachers of his superior ability but that he has been squelched so many years that he anticipates failure and provokes critcism of himself. He needs a supportive approach by teachers who will be firm regarding expectations without being punitive.

G. Recommendations for Parents

Parents have given lip-service only to their involvement in boy's problems and are now pushing idea of college. I would recommend their continued participation in therapy, probably on a joint basis rather than group, with emphasis on attacking their denial and relieving academic pressure.

H. General Information:

1. Were the parents in treatment? yes Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. Other Comments:

CODE
59

A. Current Diagnostic Status

Passive-Aggressive, with strong feelings of hostility and inadequacy.

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Mother against DLC program. Female dominated family in which Tom and father are consistently castrated and depreciated by mother. Both lack self-confidence, and have poor self-concepts. Son is very defensive about any inadequacies he has.

C. Prognosis

Poor. Mother very resistive and passes this on to son. Continued treatment for boy dependent upon successful marital counseling.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Tom is not ready for individual therapy and resists any attempts at individual help of any kind. (a) Goas=develop more assertiveness, more masculine traits, more spontaniety. (b) relates very poorly to adults and peers but somewhat better to peers. Communicates very poorly (c) Self-controls are overdeveloped. Much too controlled. (e) Mother's reistance greatly impeded progress. Reading level about 4th grade, math about 5th.

(2) Psychoeducation

Boy is resistive to individual help, both academic and/or psychotherapy. Recommend group remedial approach in reading.

(3) Activity Group

Never showed up. Mother would not bring him.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

Recommend group remedial reading and group therapy approach (small group activity such as model building, arts and crafts)

F. Recommendations for School for 1969-1970

Recommend switch to public school, small class, male teacher who is warm and supportive.

G. Recommendations for Parents

Father to seek treatment on his own since mother will not cooperate. Father to assert himself with mother and to assume more authority in home.

H. General Information:

1. Were the parents in treatment? yes / father Should they have been? yes Was it recommended to them? yes
2. Has teacher(s) had in-service training? no

I. Other Comments:

Child will be eligible for DLC program next year (1) if he is switched to public school, (2) if there is joint parental support for boy's program.

CODE
60

A. **Current Diagnostic Status**

Passive-aggressive (dependent type). High average intelligence. Immature, strong feelings of inferiority. Feels time will give him independence without any effort on his part - lack of determination and drive.

B. **Summary of Family** (Current status and recent changes within family--physically and dynamically.)

Same

C. **Prognosis**

Good with constant and consistent direction. Needs a very controlled environment.

D. **Summary of Treatment.** As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) **Psychotherapy or Counseling**

Does not apply.

(2) **Psychoeducation**

Kurt has received some tutoring in math. However, his math difficulties appear to be related to his personality problems. He does not appear to have extreme deficiencies in area of math skills.

(3) **Activity Group**

During first session of group, he was very uncooperative and would do whatever he wanted to, whatever pleased him. Presently has more positive attitude toward group, now more concerned about developing group cohesiveness, has developed good communication with members of group, tends to react positively to any show of involvement by leader.

E. **Recommendations for continued treatment and/or other services for child (include suggested summer activities).**

1. Continue treatment as outlined in this report.
2. Summer camp away from home (1969).

F. **Recommendations for School for 1969-1970**

1. Be firm, fair, and consistent in working with Kurt.
2. Set short term limits within long term projects.
3. Whenever possible, communicate directly with the father regarding school related problems.
4. IIR if necessary.

G. **Recommendations for Parents**

1. Diminish strong symbiotic relationship between mother and son.
2. More father-son involvement.

H. **General Information:** Mother only.

1. Were the parents in treatment? Yes Should they have been? Yes Was it recommended to them? Yes
2. Has teacher(s) had in-service training? No

I. **Other Comments:**

DLC will continue to help Kurt develop his masculine identity and internalize the need to set limits for oneself. It is imperative that a school-center staffing be held regarding Kurt for 1969-70 school year. Father to be involved in group therapy at DLC for 1969-70.

CODE
61

A. Current Diagnostic Status

Passive dependent. Depressive. Inadequate Personality.

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

No recent changes.

C. Prognosis

Undetermined.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling

Does not apply.

(2) Psychoeducation

Establish rapport through educational and hobby activities. Tom related positively - talked with adults or peers although reserved and quiet. He talks about interests and activities. He has extreme self-control. Tom is more relaxed with adults, feels successful in accomplishments and cooperative in every possible way. Tom needs male involvement since he seems to have difficulty establishing relationships with men.

(3) Activity Group

1. Needs much reassurance in any activity endeavored. Tom is very passive, non-verbal, quite unsure of himself.
2. Needs much involvement with boys his age. However, don't place him with boys who are overly-competitive in relation to him. Tom is just beginning to show signs of developing more confidence.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

1. Summer vacation free from academic tutoring.
2. Summer day camp (1969).
3. If enrolled in District #25, place him in DLC activity group to encourage more involvement on his part, develop more ego strength.

F. Recommendations for School for 1969-1970

1. Transfer to public school.
2. Place in low sections academically.
3. Needs continual reinforcement (positive manner).
4. Encouragement for verbal expression.
5. Place with non-authoritarian teacher - one who is rather flexible and relaxed.

G. Recommendations for Parents

1. Continue as at present - relaxed atmosphere.
2. As much involvement with the father as possible.
3. If improvement continues to be slow, consider family therapy.
4. Keep realistic view of expected achievement.

H. General Information:

1. Were the parents in treatment? No Should they have been? No Was it recommended to them? No
2. Has teacher(s) had in-service training? No

I. Other Comments:

Interests:
1. Cars - new models and old.
2. Tape recording - recording unusual sounds.

CODE
62

A. Current Diagnostic Status
Schizoid Personality

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
Divorce for family. moved into City of and lives with father and step-mother. lives in Arlington Heights with three (3) children. Tension has decreased somewhat.

C. Prognosis

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling has displayed withdrawn and passive-aggressive behavior. Much of her personality is loaded with depression. Much of her unconscious thoughts are of a hostile nature. Her appearance has improved as well as her school attendance. Support and encouragement has been used (reality and supportive therapy). is beginning to verbalize her problems and feelings. She is developing insight into her role between parents and what are the complications.

(2) Psychoeducation has been receiving tutorial help from Mr. Berry for Biology. (Communication has been minimal between tutor and student.) Do not continue tutor next year unless asks for tutor.

(3) Activity Group
None.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
1. Continue treatment.
2. Exposure for to meet new peers.

F. Recommendations for School for 1969-1970
1. Have school understand behavior and personality with warm supportive teachers.

G. Recommendations for Parents
Resolve their emotional hangups. Not to verbalize their hostility for each other to . Offer firm-supportive limits.

H. General Information: Mother
1. Were the parent~~s~~ in treatment? Yes Should they have been? Yes Was it recommended to them? Yes
2. Has teacher(s) had in-service training? No

I. Other Comments:

CODE
63

A. Current Diagnostic Status
Dissociative Reaction

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
No change in family status except older brotheris home from college for the summer

C. Prognosis
Fair, dependent on continued treatment.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Initial goal was an attempt to define Mike's psychopathology more clearly, especially in regard to etiology. All sessions have been bizarre in that Mike almost exclusively dealt with an elaborate fantasy world and could not be focused on practical aspects of his life. This is an almost inpenetrable defense system. He is preoccupied with building elaborate houses, designing fantastic cars, surrounding himself with famous people and having great wealth. He relates extremely closely to me, emotinnally and physically, and seems to need much physical contact. There is a lot of hostile-aggressiveness, negativism, and denial of any problems or conflict. Although academic testing has not been done, he has demonstrated he can read at least at a high school level. He seems totally unmotivated in regard to school--unconcerned over achievement there, although, he is involved in many activities, i.e., electronics, acquiring esoteric information about the solar system, etc. ~~(2) Psychoeducation~~ Preoccupation with his fantasy life seems to keep him in a "dream-state" at school. Impulse control is only fair in therapy sessions but he appears to be in no conflicts in the outside environment.

(3) Activity Group -- not applicable

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
He should continue in individual psychotherapy with a "rational and reality therapy" basis, possibly on a more intensive basis. Should possibly also be considered for adolescent group therapy late in fall.

F. Recommendations for School for 1969-1970
Define structure and expectations for boy. Do not set too limited goals. He seems brighter and more academically skilled than prior tests indicate. He will need extra help in mathematics. School should appraise parents of homework expectations and whether these are being met.

G. Recommendations for Parents
Permit him more autonomy via buying own clothes, equipment, etc. Arrange for parents to provide more feed-back to therapist per anecdotal reporting, etc.

H. General Information:
1. Were the parents in treatment? no Should they have been? no Was it recommended to them? no
2. Has teacher(s) had in-service training? no

I. Other Comments:

CODE

64

A. Current Diagnostic Status

Specific Symptomatic Reaction Learning Disability

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

Since the birth of a new baby to the changed family unit at Christmas, there has been no significant change.

C. Prognosis

Good

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- None

(2) Psychoeducation -- (a) The program at the Center was based on activities and projects that will develop better perceptual patterns, necessary for reading and writing. He has needed confidence building, success in his undertakings and adult praise and these needs have diminished as he has felt a greater personal worth and had success in his undertakings. (b) Jim has been able to engage in verbal psychotherapy when needed with his learning specialist. He has good rapport with his fellow students and with most of his teachers. (c) The client is better controlled in class and has learned how to blow off some steam in acceptable play activities. (d) Interest in the program at the DLC shown by the stepfather and school principal have aided the child's progress. (e) Jim was very depressed about the closing of the Center to him. The close of the year was a low time for him.

~~(2) Psychoeducation~~ (f) does not apply (g) does not apply

(3) Activity Group -- Jim is friendly, alert, receptive, enjoys activities, cooperates well with other children in the group. Relates well to adults and children.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

1. Resource teacher, social worker or psychologist to follow-up on Jim's adjustment to Junior High and courses in Resource Room.
2. Jim will take part in school and park district programs this summer in remedial courses and group play activities.
3. Return to private therapy.

F. Recommendations for School for 1969-1970

1. Follow-up by school psychologist or social worker on client's progress in Resource program.
2. Place in Type B Learning Disabilities class in Junior High.
3. Allow for typed assignments and classwork.

G. Recommendations for Parents

1. Support school placement in Learning Disability class.
2. Encourage boyish play in large doses.
3. Continue in psychotherapy privately.

H. General Information:

1. Were the parents in treatment? no Should they have been? no Was it recommended to them? no
2. Has teacher(s) had in-service training? no

I. Other Comments:

CODE
65

A. **Current Diagnostic Status**
Maturational lag, ready for first grade.

B. **Summary of Family** (Current status and recent changes within family--physically and dynamically.)
Parents divorced since September, mother has custody, father recently remarried and has rights of visitation.

C. **Prognosis**
Good, if treatment is continued.

D. **Summary of Treatment.** As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(2) Psychoeducation (a) Reading readiness, perceptual awareness, and fine and gross motor coordination activities were stressed during the course of the year. Cultural and social enrichment were attempted through a close relationship with a reinforcing, consistent, non-threatening female adult. (b) His communication skills have broadened through the year and he feels more confidence in his attempts at socialization. He has accepted adults at the Center but resents other young children in treatment here. (c) He is more outgoing in his behavior and less controlled; since his only form of self-control was constriction, this is an improvement. (d) Stabilizing of at least father's role by remarriage has had a good effect on the child. He feels better about his visits at father's place and felt important when he was invited to his father's wedding. (e) Lack of consistency from mother has naturally reduced the effectiveness of the consistent treatment program.

~~(2) Psychoeducation~~

(3) Activity Group

E. **Recommendations for continued treatment and/or other services for child** (include suggested summer activities).
1. Continue program at Center of supplementing home background and filling in gaps in developmental pattern.
2. Try client in young boys' activity group to learn some of the rules of games, sportsmanship, and shared adult time.
3. Full use of park facilities.

F. **Recommendations for School for 1969-1970**
1. Place client in multi-grade pilot classroom - retain at grade level, but mix with cross-grade group.
2. Individualize program whenever possible and reinforce all acceptable behavior and responses.

G. **Recommendations for Parents**
1. Set up pattern for daily, weekly, monthly hygiene check-up.
2. Mother in group therapy.

H. **General Information:**
1. Were the parents in treatment? Yes Should they have been? Yes Was it recommended to them? Yes
2. Has teacher(s) had in-service training? No.

I. **Other Comments:**

CODE

66

A. Current Diagnostic Status
Passive-aggressive personality, aggressive type in an individual with strong inferirority feelings

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)
No change in family except mother is now working as a clerk.
Family is not workable and environmental change is unlikely.

C. Prognosis
Fair

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Glen relates quickly and in a dependent manner. Superficially he comes on too strong and demands constant reinforcement in a manner which is so provocative he wears one out and invites rejection. He is constantly demanding of therapist--addition time, rides home, borrowing camera, books, etc. Self control is mildly improved in therapy, at home, and citizenship reports from school indicate no specific problems. He has been able to handle a weekend job as a bus boy and has higher expectations. Is still on fringe of peer group and is achieving in school at a lower than expected level.

(2) Psychoeducation

Not applicable

(3) Activity Group

Not applicable

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).
Continue in psychotherapy next year once weekly at DLC
Add adolescent group therapy 1 time weekly.

F. Recommendations for School for 1969-1970
Point out when he is too demanding but support him in realistic projects and ideas.

G. Recommendations for Parents
None

H. General Information:
1. Were the parents in treatment? no Should they have been? no Was it recommended to them? no
2. Has teacher(s) had in-service training? no

I. Other Comments:

CODE
67

A. Current Diagnostic Status

Childhood Schizophrenia, without primary autism

B. Summary of Family (Current status and recent changes within family--physically and dynamically.)

No change from time of diagnostic study

C. Prognosis

Fair-to-guarded, dependent upon treatment available.

D. Summary of Treatment. As part of your summary of each area of treatment briefly describe the following: (a) objectives of treatment, methods and materials; (b) child's ability to relate (adults, peers, verbal communication); (c) child's development of self-control; (d) factors which have accelerated progress; (e) factors which have impeded progress; (f) factors which were unforseen; (g) child's present academic level of achievement in reading and arithmetic (corroborate with diagnostician)

(1) Psychotherapy or Counseling -- Initially David was hyperactive and difficult to control when he would react impulsively. I have set increasingly firm limits on him and backed them up consistently so that there is essentially no behavior problem now present. His preoccupation with pipes and plumbing has diminished somewhat although these were freely available to him. He is fascinated by anything mechanical and has good visual motor skills when he chooses to use them. He sees himself as a totally bad boy who ruins things. He is very verbal, constantly asking questions to which he knows the answers. He can exercise self control when he knows clearly what is expected of him and that demands will be enforced. If I insist David will sit in a chair for an hour and engage in formal verbal psychotherapy, usually dealing with the consequences of behavior and possible alternatives. Recently he has been willing to draw and use crayons which were previously refused. (See other comments).

(2) Psychoeducation -- For the most part, he is cooperative in the academic setting. Will look at pictures and discuss them. David will now sit calmly for relatively long periods at one stretch. He does his best work in basic math; adding, counting, subtracting in terms of blocks. Have not tried written numbers yet with him, but, he seems ready for this now, with a little review. In reading, David will try hard for a short period, then look away and will systematically divert his attention from the reading. He responded better to the language master, and needs more auditory discrimination practice. Same for visual discrimination. He did fairly well on the Frostig exercises for visual perceptual development. Stopped at #43 of the visual-motor (V-M) part. He knows the sounds of some letters and will occasionally try to sound out a word phonetically.

(3) Activity Group -- Not applicable.

E. Recommendations for continued treatment and/or other services for child (include suggested summer activities).

David should remain in out-patient psychotherapy as currently structured with as few interruptions as possible. I feel it would be detrimental for him to be hospitalized if this can be possibly avoided, but he must be treated by a therapist experienced with young schizophrenic children.

David seems not yet ready for reading even though he can read in a book he brought from home in which father taught him to read. First, needs reading readiness activities to develop visual and auditory perception. Then, after this readiness stage is developed, beginning reading can be attempted.

F. Recommendations for School for 1969-1970

David appears ready for a self-contained classroom for emotionally disturbed children and looks forward to school. Initially he would require considerable supervision and limit setting. Teacher would have to be firm and consistent and work closely with the therapist. He should start school on a one or two hour daily basis with additional time being added as a reward for good behavior and academic achievement. He seems more responsive to males and male authority.

G. Recommendations for Parents

No change. Continue him in therapy. Set firm limits at home. Expose him to peers when possible.

H. General Information:

1. Were the parents in treatment? No Should they have been? No Was it recommended to them? No
2. Has teacher(s) had in-service training? not applicable

I. Other Comments:

David knows the name and role of most adults with whom he has contact at DLC. He often does not recognize people he knows well, but I think this is mostly his method of reality testing. He is very sensitive to others' reactions to him. He has enjoyed coming to DLC and complains that he can't stay longer. He is very disturbed at a threat to send him home early if he misbehaves and as a consequence all the belching, biting and spitting behavior described by tutors has disappeared. He does not respond much to other children at the Center except to show interest in their projects. He has successfully built a model car but could not do so without considerable supervision. He has many fears, such as furnaces and gas pipes blowing up, tornados, and other external destructive forces. His older brother appears to be becoming a more significant figure to him and David is aware he is different from other children in his lack of peer relationships.

6

His medication control appears to be adequate.

INVENTORY CHECK LIST

APPENDIX E

ARLINGTON HEIGHTS PUBLIC SCHOOLS
District No. 25
Arlington Heights, Illinois

INVENTORY CHECK LIST

Diagnostic Learning Center
SCHOOL

Office Equipment
CATEGORY

NUMBERS ASSIGNED

ITEM NO.	DESCRIPTION	QUANTITY	VALUE	INVENTORY NUMBER	INVENTORY CHECK	
					DATE	QUANTITY
1	Stenorettes, Dictation Machines	2	559.00	69-70		
2	Typewriters, Electric, Royal 13"	4	1340.00	71-74		
3	Typewriters, Portable, Elite, Royal, Custom	2	223.00	75-76		
4	Files, Office-4 drawer, Vertical w/locks					
	Make A. Beige, Harrison	16	1356.80	77-92		
5	Waste Basket, Walnut, Square	2	9.70	93-94		
6	Waste Basket, Paneled Steel, Walnut	13	18.00	95-107		
7	Towel, Basket, Square Steel, Gray	1	17.30	171		
8	Duplicator, Spirit Process, AB Dick, Man 210	1	190.00	128		
9	Duplicator, Stencil, Memeograph, 525E	1	361.25	53		
10	Cabinets, Steel, No. 503	4	258.00	54, 55, 129, 130		
11	Book Cases, 2 shelf, glass doors, Beige	5	250.00	131-135		
12	Cole, Desk Model, visible file	1	22.40	136		

ARLINGTON HEIGHTS PUBLIC SCHOOLS
District No. 25
Arlington Heights, Illinois

INVENTORY CHECK LIST

SCHOOL: Diagnostic Learning Center

CATEGORY: Office Equipment

NUMBERS ASSIGNED

ITEM NO.	DESCRIPTION	QUANTITY	VALUE	INVENTORY NUMBER	INVENTORY CHECK	
					DATE	QUANTITY
13	72" Safe Type Steel Storage Cabinet #772	4	220.00	137-140		
14	Book Copier, Model 76	1	349.00	141		
15	Thermo Office Copier, Model 45C	1	379.00	142		
16	Olivette D-24 Printing Calculator	1	585.00	149		
17	Air Conditioning Units, Portable					
	10,000 BTU	3	848.00	150-152		
18	Student Chairs, Arlex Plastic (Beige) 14"	1	8.16	153		
19	" " " " 15"	4	32.64	154-157		
20	" " " " 16"	3	26.79	158-160		
21	24" x 48" Table, Beige w/book boxes	5	130.90	161-165		
22	30" x 48" Table, Beige w/book boxes	3	108.12	166-168		
23	15" Cutting Board	1	15.20	169		
24	Y-10 Scale	1	12.16	170		

ARLINGTON HEIGHTS PUBLIC SCHOOLS
District No. 25
Arlington Heights, Illinois

INVENTORY CHECK LIST

Diagnostic Learning Center
SCHOOL

Office Equipment
CATEGORY

NUMBERS ASSIGNED

ITEM NO.	DESCRIPTION	QUANTITY	VALUE	INVENTORY NUMBER	INVENTORY CHECK	
					DATE	QUANTITY
25	Polaroid Camera Kit w/Portrait Kit,					
	Development Timer, Close up Kit, Cable Release	1	180.65	174		
26	Book Cases	5	250.00	187-191		
27	Files, Office, 4 Dr., Ver., w/locks, Make A,					
	Beige, Harrison	4	339.20	192-195		
28	Storage Cabinets, 72" Safe-type,					
	Hupp Aurora Steel Products	4	220.00	196-199		
29	IBM Dictation Unit Model 211	2	680.00	200-201		
30	IBM Transcribing Unit, Model 212	1	315.00	202		
31	Elevating Stand for Portables	1	21.00	296		
32	Sturgis - Model 800 Executive Swivel Chairs	10	600.00	264-273		
33	Cosco - Model 543 Stacking Chairs	20	200.00	274-293		
34	Conference Table - 72" Round	1	295.00	295		

ARLINGTON HEIGHTS PUBLIC SCHOOLS
District No. 25
Arlington Heights, Illinois

INVENTORY CHECK LIST

Diagnostic Learning Center
SCHOOL

Office Furniture
CATEGORY

NUMBERS ASSIGNED

ITEM NO.	DESCRIPTION	QUANTITY	VALUE	INVENTORY NUMBER	INVENTORY CHECK	
					DATE	QUANTITY
1	Desk, Executive 34 x 66, Walnut	2	590.00	6 & 7		
2	Desk, Executive 30 x 60, Walnut	5	1001.25	8-12		
3	Desk, Consultation 42 x 30, Walnut	5	695.00	13-17		
4	Chairs, Swivel w/arms, No. 834, Naugahyde	12	984.00	18-29		
5	Chairs, Side w/o arms, No. 817, Naugahyde	12	604.80	30-41		
6	Conference Table 4' x 10', Walnut	1	440.00	42		
7	Chairs, Side w/arms No. 835, Naugahyde	10	640.00	43-52		
8	Desk, Secretarial 30 x 60, Walnut	4	896.00	56-59		
9	Chairs, Secretarial Posture-Cramer	4	152.00	60-63		
10	Tables, Work 30" x 60", Walnut	5	450.00	64-68		
11	Two Seat Settee	2	214.00	181-182		
12	Lounge Chair	1	52.00	183		
13	Square Corner Table	1	34.00	184		

ARLINGTON HEIGHTS PUBLIC SCHOOLS
District No. 25
Arlington Heights, Illinois

INVENTORY CHECK LIST

Diagnostic Learning Center
SCHOOL

Office Furniture
CATEGORY

NUMBERS ASSIGNED

ITEM NO.	DESCRIPTION	QUANTITY	VALUE	INVENTORY NUMBER	INVENTORY CHECK	
					DATE	QUANTITY
14	Step Table	1	32.00	185		
15	Table Lamp	1	19.00	186		
16	Chair, Oil Walnut	1	86.00	216		
17	Sofa, Oil Walnut	1	196.25	217		
18	Chairs	12	186.00	218-229		
19	36" Round Pedestal Table	2	130.00	230-231		
20	Table 30" sq. x 16" high	1	40.50	232		
21	Office Valet, 60" Long	2	96.50	233-234		

ARLINGTON HEIGHTS PUBLIC SCHOOLS
District No. 25
Arlington Heights, Illinois

INVENTORY CHECK LIST

Diagnostic Learning Center
SCHOOL

Instructional Equipment
CATEGORY

NUMBERS ASSIGNED

ITEM NO.	DESCRIPTION	QUANTITY	VALUE	INVENTORY NUMBER	INVENTORY CHECK	
					DATE	QUANTITY
1	Tach-X Tachistoscope, 500 Watt, 5" Luxtar Lens	1	200.00	109		
2	Controlled Reader, 500 Watt, 3" Luxtar Lens	1	275.00	108		
3	Tape Recorders, 3-M, w/cover, Patch Cord	3	448.50	115-117		
4	Record Players, Newcomb, AU-7 W/EO-HBi Listening Center Kit	5	501.65	110-114		
5	Screens, Projection, Da-Lite, 40 x 40, Golden Challenger (Portable)	2	48.00	118-119		
6	Projection Cart, Wilson, W-42E	1	27.00	120		
7	Filmstrip Projector, Automatic, B & H	1	149.95	121		
8	Overhead Projector, Platform Type, Bessler	1	137.50	122		
9	Film Projector, 16mm, Auto, B & H	1	527.25	123		
10	Projection Stands, W 26 E	3	71.85	124-126		
11	Rear Screen, Movie Mover, Wilson w/lens	1	193.00	172		

ARLINGTON HEIGHTS PUBLIC SCHOOLS
District No. 25
Arlington Heights, Illinois

INVENTORY CHECK LIST

Diagnostic Learning Center
SCHOOL

Instructional Equipment
CATEGORY

NUMBERS ASSIGNED

ITEM NO.	DESCRIPTION	QUANTITY	VALUE	INVENTORY NUMBER	INVENTORY CHECK	
					DATE	QUANTITY
12	Macio	1	298.00	173		
13	Ophthalmic Telebinocular 2/case and sides	4	1621.00	143-146		
14	Stereo-Reader	2	63.00	147-148		
15	Controlled Reader Jr. w/case	1	202.00	171		
16	Language Master, 46636 and 40292	2	500.00	176-177		
17	Controlled Reader Jr. w/case	1	202.00	178		
18	Primary Typewriter 16	1	139.95	175		
19	Television Receiver, Zenith 22", 2414-W-5	1	159.97	203		
20	Wilson Stand w/slanted top W54SE	1	43.95	204		
21	Controlled Reader Jr. w/case	1	202.00	205		
22	Macio Audiometer, Model M-A 12	1	295.00	206		
23	Roll Labette, 7610	1	318.50	207		
24	Microscope w/built in lamp, B&L 7968 B	1	242.00	208-209		

ARLINGTON HEIGHTS PUBLIC SCHOOLS
District No. 25
Arlington Heights, Illinois

INVENTORY CHECK LIST

Diagnostic Learning Center
SCHOOL

Instructional Equipment
CATEGORY

NUMBERS ASSIGNED

ITEM NO.	DESCRIPTION	QUANTITY	VALUE	INVENTORY NUMBER	INVENTORY CHECK	
					DATE	QUANTITY
25	Filmstrip Projector, Auto., B & H 745C	2	299.90	210-211		
26	Language Master, BH 711 B	1	250.00	212 (Tag removed; now #235)		
27	Screens, Projection, 40 x 40 Golden Challenger (Portable)	3	72.00	213-215		
28	Tripods	2	120.00	236-237		
29	VIR Carts Bretford Model 29E	2	80.00	238-239		
30	Video Tape Recorder (Ampex)	2	1990.00	240-241		
31	Video Camera (Ampex)	2	799.90	242-243		
32	TV Monitors (Motorola)	2	450.00	244-245		
33	Mike Stands	2	13.80	246-247		
34	Microphones	2	90.00	248-249		
35	Take Up Reel for Tape for VTR	2		256-257		
36	Tape for VTR	1		255		

ARLINGTON HEIGHTS PUBLIC SCHOOLS
District No. 25
Arlington Heights, Illinois

INVENTORY CHECK LIST

Diagnostic Learning Center
SCHOOL

Instructional Equipment
CATEGORY

NUMBERS ASSIGNED

ITEM NO.	DESCRIPTION	QUANTITY	VALUE	INVENTORY NUMBER	INVENTORY CHECK	
					DATE	QUANTITY
37	Zoom Lens	2	800.00	258 &262		
38	Norelco - Carry Corder - Model 175	3	196.35	259-261		
39	Cabinet of Geometric Insets	1	95.00	250		
40	Reversible Chalkboard w/Hardwood Frames	4	248.00	251-254		
41	Steel Sand Table	1	28.90	127		
42	Versatile Drawing Easels	2	39.90	179-180		
43	Firing Chamber - Electric Kiln	1	77.80	263		
44	Balance Beam	1	45.50	294		

APPENDIX F

TEACHER AND PARENT COMMENTS

INTRODUCTION

Donald L.K. Wegener
Associate Director

The instruments used for the evaluation study (Appendix B) afforded both teacher and parents an opportunity to comment on the program of the Diagnostic Learning Center, their student or child, and their views of the home or school. Many of the inquiries returned contained comments relating to one or more of the areas indicated, and are reproduced intact, except for deletion of names.

For those interested in correlating the comments with the data in other sections of this final project report, the comments are referenced by case numbers and can be cross-referenced with those appearing in tables 2 and 3 of the EVALUATION (Appendix B) and the CASE SUMMARIES (Appendix D).

The comments are both favorable and unfavorable toward the Center; they suggest areas in need of improvement, particularly communications which is always a most difficult task for any organization; they also provide insight into the personality of some of the respondents who are affecting children's development.

It is believed that the inclusion of these comments will be useful to those staff members continuing with the modified locally funded program in suggesting areas in need of improvement, as well as lend support to those things which were attempted this past year and have been somewhat successful, such as the parent program. These comments provide another means of evaluation of the program unlike statistical measurement in the formal study. Also, those considering embarking upon a program similar to the Diagnostic Learning Center may draw some tentative guidelines from these comments for their innovative venture.

COMMENTS

Case No.

1 Parents - We had been to counseling before and were aware of our weaknesses, defects and assets. We felt that parents in the parent meeting were not willing to open their personal lives to others present. They would never admit any serious fault of their own - we cannot see how a child can be helped if parents don't see their own faults & be able to discuss them openly. (With professionals as others with a similiar problem) Therefore we feel progress was never made because parents could not discuss the real crux of their childs problem (in some cases). Mr. _____ tried to sway the group in this direction but they didn't seem to take the cue. We are always open to help & suggestions & would come to DLC sessions if something could be gained from it, but it didn't seem to work out that way. We must say that the DLC was the answer to opening the door for us to find the much needed help necessary to solve our family problems & make us aware of our children's. For this we are forever grateful and would highly recommend this center to anyone who needs this type of service.

2 Parents - _____ has adjusted to Jr. High real well, because through the Center his teachers were more carefully selected and understood his problem. I don't believe it would have helped much taking him out of his regular classes for treatment, as he doesn't like being set apart from his classmates. As far as the parent program was concerned we felt it informative, but did not feel this is what is needed to help _____.

3 Teacher - Seminar was generally good but I do not like to miss classes.

4 Teacher - The only thing I found lacking was a clear explanation from the center of what kind of work I should be giving him. He is in the remedial reading group, but his spelling and math are poor and I don't know whether it would be good to give him "special" work or try to keep him up with the class.

5 Teacher - I think very few of the seminars were worthwhile. Some of them did not seem to be well planned, and were a waste of time.

Parents - Through the center we have become a family unit not just people living in a house together. Now we have a purpose in life. Living & building are lives together now has meaning. We see things so much different now. We have become a member of Meadows Baptist Church which also helped as much to see why we are here. Through the center and church we have learned God loves us & has a wonderful plan for are lives - how are lives are more complete & meaningful.

6 Teacher - I feel that the in-service program is an excellent means to communicate with & orient the classroom teacher as to the problems of the learning disabilities child. The reason I have so many no answers is that I am working on an M.A. in Guidance & was quite aware of most of the material discussed because of classwork.

Case No.

7 Teacher - _____ seems more relaxed in school and is trying harder than she was at the beginning of the year. She has been able to achieve some success and is quite proud of herself. Her achievement in reading, especially has improved. _____ still has problems relating to the other children. She is not really accepted by them, as they have gone through school with her and are aware of her difficulties.

_____ continues to be afraid to try things in a large group situation. She fears failure and just won't play any games with the class. She "clutches" in any situation which is even slightly competitive.

10 Teacher - I have no idea if any of changes in _____ are due to the center. I do think the recognition he has received at the center has been good for him. Things I marked in "no change" column, does not mean he needs improvement in these areas necessarily.

Parents - The Center has been helpful but I think that most of his improvement is due to the fact that he has a new mother and a much happier situation at home.

11 Parents - Group sessions were meaningless. See special letter written to the center on this subject.

12 Parents - With respect to Section C, we would like to point out we feel the Center tried very hard to gain the necessary support and understanding of our child's teacher this semester. However, the efforts were unsuccessful, through no fault of the Center. We feel that, in spite of the fact that the teacher agreed to having an understainding of the child's abilities and limitations, she truly did not have such and, consequently, the academic progress of the child appears to have regressed this semester, as well as no contribution being made towards a better attitude about school. He appeared to have many frustrating days of school this semester.

We have not attempted to give a "yes" or "no" answer to the questions contained in Section E. Many of the questions require multiple answers. The Group Therapy discussions we attended (and we were quite regular in our attendance) proved to be a financial burden to us, as well as a hardship time-wise. Certainly, we benefited some from a few of the sessions, but do not feel we would like to engage in a similar program again because, principally, it only further confirmed knowledge and understanding in various aspects and did not produce any enlightening solutions to anything.

Our child has been under the guidance of the Center for three years now and it is only within the past few weeks that any constructive academic help has been afforded him. We feel these past few weeks have been of more benefit to the child than anything else and would appreciate the opportunity of being able to continue bringing our child to the center for further academic help and group therapy such as he is currently receiving.

Thank you for the opportunity of expressing our honest opinions and for the efforts the Center has made toward helping our child and ourselves.

Case No.

14 Teacher - Unfortunately, I haven't really noticed any noticeable improvement in _____ except that she's missing a lot of work by going to the center. I'm sure the center does her no harm but I can't see any noticeable good in it. But it could be just _____ and my main concern with her grades and schoolwork more than her social & emotional handicaps she may have had which I never thought were that obviously a problem. I don't want to sound simplistic like there's an easy answer or that there is no problem but I could never really see the seriousness of the problem and maybe in that case I've never done my utmost to resolve it. _____ is still the same as far as I've noticed.

16 Teacher - The change in _____ look at life is wonderful. I have invited his last year's teacher in to observe the class and she was delighted to see _____ growth both in achievement and general attitude. Where last year he was disruptive and often hostile, this year he is eager to learn and almost always friendly. I've enjoyed having him in my class, and the children like him, also.

19 Teacher - _____ was, at the beginning of the year, a student with no friends, no interest in school, and no abilities to either make friends or do schoolwork. In school he had trouble communicating - written or oral. In fact he seemed to be affraid to try. Today _____ seems to be much better. He has friends, both boys and girls, and he does things in a way to gain peer approval. He still seems to have trouble communicating with adults but some improvement can be noted. Academically, _____ has made a little improvement. Where he used to have trouble putting his name on a paper, today he does this and fills in some of the answers. He seems to communicate better orally so I tried having him take tests orally onto a tape recorder. He seems to be making better progress this way than any other.

22 Teacher - The seminar was excellent. _____ has improved greatly over the past nine months. It is hoped that _____ have a month or two follow-up next school year. I believe he may need the center for adjustment to eighth grade.

23 Teacher - My experience with the center has been concerned with two students, _____ and _____. In neither case did I feel the school derived any benefit from the services offered by your organization, nor was the students' "learning problems" helped as a result of the numerous tests and conferences held. Due to the ineptness of personnel handling _____ case, he became upset and refused to see the counselor. In _____ case, no contact or information came from your office until the last grading period of this year - and then we listened to what fine communication you had with the high school system for next year re _____. Your personnel suggested no follow through on their suggestions - even at this date - but said their little report and left abruptly. Perhaps your family services and high school counselling areas are the organization's strength, but the junior high division leaves much to be desired from the school's standpoint.

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24 Teacher - The student was already at the center when I began working with him. However, during this year he has made a great deal of emotional and social progress. His general attitude and concept of self worth has risen 100%.

26 Teacher - I have never had any problem communicating with _____ parents - socially, she goes "overboard" - she is so busy being social she does nothing else. She disrupts class to talk whenever she decides she wants to say something to anybody in the class. Academically, I have not seen any improvement in Math, but Mrs. _____ says she has shown some in Language Arts. All of _____ teachers seem to agree that the help she needs is not in social areas, but in academic areas and in realizing that she should conform to classroom rules. She already had good relationships with the other students and has, since I have known her, been outgoing. She does not accept help offered and does not seek help in school, though I feel she is aware of the deficiencies.

27 Teacher - My answers are based on a comparison of this child from Sept-Nov of 1967 and now. _____ was then in 2nd grade for 3 months and had to be put back into first cause of great academic difficulty. He is still slow in school and very quiet, but has improved tremendously over his previous year - especially socially. He has quite a few friends where he never did before.

28 Teacher - I truthfully do not know what takes place at the center. I spoke with a woman from the Center in September and have had no contact since I received this form. _____ is not in my room very much. He goes to another room for reading and phonics, and on Monday's is out of school, at the Center. _____ has complex problems and I am sure he is beneifiting from the work he does at the Center. I have received very little cooperation from Mr. and Mrs. _____ - this has not helped his situation in the classroom. I think a more coordinated effort between the Center and teacher would benifit any child attending the Center.

Parents - There should also be more relationship between parents & the child's teacher.

30 Teacher - I would like to qualify some of my responses. First, _____ has been going to the Center all year; so it is hard to tell the exact effect the Center has had on him. The difference can only be seen by looking at his records. The complete study on _____ certainly did help me to understand him. I do feel the center needs better communication with the school. I have no idea what has been done with _____ or what information you have learned that would help me in working with _____. I feel this is a definite weakness of the Center.

Parents - There is much to be said for "The Center." _____ has enjoyed meeting with Mr. _____. He looks forward to his sessions. Through Mr. _____, _____ has found the understanding for him which he didn't

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know existed. They are very frank with each other. _____ feelings are easily hurt, and up to this time I've always tried to spare them. Now I understand it's much better for both of us to discuss his problems more openly. Sometimes it's difficult for both of us, but I feel we know each other a little better afterwards. _____ has started playing ball in the Little Leagues, and this has only added to his happiness. He is a very outgoing child, and I find the more male supervision he has, the better he feels. I am truly delighted with the progress _____ has made this year. Whether he goes to the Center next fall depends of course on the center, but I honestly feel this was one of the most worthwhile experiences he has had. Thank you for your cooperation throughout the year.

31 Teacher - In summary, I am unable to say conclusively that the D.L.C. has definitely been beneficial in the academic areas for him. Speaking in relation to academic work, (which the questionnaire seems to be in relation to) I feel that _____ showed a definite change in his attitude toward school since he had been going to the D.L.C. three half days a week. The change was against school and his interests were solely the activities at the D.L.C. I feel, that if the program at the D.L.C. had been reduced, so that his interest would not have been shifted from school to the D.L.C., a greater amount of progress would have resulted.

Parents - I am very grateful for the help that _____ was given. He seems much better adjusted and I can see improvement in so many things.

32 Parents - This is the best help we have ever had for our child. I don't know what we would do without it. A great deal of growing up had happened this year for our boy.

33 Teacher - _____ seems to have improved somewhat socially since his attendance at the center. It is hoped that help will continue next year as his problems are so severe that the school situation needs the added support of the center.

35 Parents - I still have trouble knowing what _____ problems are. I think he is making noticeable improvement in all areas. I am particularly pleased with his academic improvement (as reported to me) and only wonder if there are still emotional hang ups which are disrupting his work or is he going as well as he can.

36 Teacher - I have seen very little of _____ this year, so do not feel that I can accurately answer the above questions. His teachers indicate that _____ relationships with his fellow students are quite good and that he seems to be more outgoing now than before. They also felt that _____ is very nervous.

39 Parents - We are hoping that our son, _____ will be accepted for further consultation next September - anything that we can do for the DLC - we are ready.

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40 Teacher - _____ has made much improvement this year in all areas. However, many adults would not consider it improvement. I feel he needs at least one more year like this past one to gain more confidence in himself. This form does seem slanted to DLC. Both DLC and _____ have helped _____ adjust.

41 Teacher - I think you are doing a fine job with the students, that I know, who are attending the center.

42 Teacher - I have very little information as to what was being done at the center. The child didn't seem to know the purpose of her visits, nor did the mother. Communication between the classroom teacher and the center seemed very scarce.

43 Teacher - _____ parents have spoken highly of the Center.

44 Teacher - I feel that you have done a great deal for _____ and I am very grateful. He now appears much more confident of himself and he is a great deal more relaxed in a learning situation. Mr. _____ has kept in contact with Mr. _____ and myself and keeps me aware of what is happening. You have helped _____ in gaining a good self concept and I thank you for your time and efforts.

45 Teacher - I conferred with other teachers who have _____ in class to form opinions.

46 Teacher - I feel that _____ has developed emotionally, but he has not developed much academically. He needs much more help and he is ready to receive help.

Parents - You have some how been able to have my son realize that he needs help and not be afraid to ask for it. He used to become angry when he was unable to do some problem or read some material but he seems that he now controlls himself & trys to cope with the problem.

48 Parents - I feel the results of the past year (or even less than a year) were most important to _____ and Family - I only wish _____ could continue this next year. Thank you.

49 Teacher - I found the in-service program very abstract and most of all repititious. Most of the things we talked about sounded great but no help was given in actual application of these ideas.

50 Teacher - There has been practically no communication between teacher and the D.L.C. My student has been switched so many times he has had no time to build any relationship. The work promised was to begin in Sept. on a 5 day basis. He did not begin until the second semester of this year for shorter periods. The D.L.C. is federally funded and if this is an example of what our tax money is being used for I am deeply concerned at such inefficiency. I had a student last year who needed

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help and it took you people until June from Sept. to just observe him after promises were made. I can understand you being behind schedule, but that is ridiculous because when we commit a child to your services our hands are tied in other ways until you get around to working with him. We are concerned about the children.

51 Teacher - I believe that a great deal of valuable knowledge/talent and time is wasted finding out causes for behavior & attempting to solve the impossible. For example, little usually can be done about parents relationship, family environment etc. However, a great deal can be accomplished when working with the goals of behavior. It is my opinion that when a child does not function in school it is for a purpose & not due to such things as perceptual problems, etc. etc. This generally is an excuse the child uses to obtain his goal. (Goals being that of attention, inadequacy, power, revenge) I feel the Center has helped in some instances but I believe that with their personnel they could have accomplished much more in a year or two. I am not suggesting that I have been any better. For I too have had _____ & _____ for the same length of time and have also accomplished little. I believe, therefore, when our present activities have not been successful it is time to change. Recently, I have attempted to make such changes and have been studying some very helpful as well as promising techniques. This basis philosophy I am referring to is Adlerian psychology. In my limited knowledge & use I have found these principles to be the most successful. This is why I would not recommend any child to go to the Center, because I feel there are places that could get much quicker & more successful results. I do appreciate the Centers efforts & believe they did put forth a great deal of effort. However, I must be honest and say that I think the time and effort could be utilized in a more profitable manner. Likewise, I believe the same is true for my own past behaviors. Again thank you and best wishes for a happy summer.

52 Teacher - I do not believe that _____ parents are cooperating completely with the members of the Center. Mrs. _____ comments during our conference period emphasized the fact that she is not in full agreement as to the proper way to handle _____. I advised her to discuss her grievances with the people involved. I do not believe that she has done so. Without complete parental cooperation, _____ progress will naturally be stifled. As far as I am concerned, I view _____ needs as critical. He requires immediate guidance and attention.

55 Teacher - I was most disappointed when I learned that _____ had dropped the program. Perhaps if she had stayed in the program longer, more improvement would have been noted. I feel more contact between the Center and the school is needed in order to make the program more effective.

57 Parents - We feel that our child would have benefited more had her teacher been contacted earlier in the school year. (There was no conference with the teacher until February.) As far as we know, the

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teacher has given full support to the work of the Center. The school principal was also most cooperative. We regret that we missed a conference which you would have scheduled in April had we replied to your letter. (Could there be 2 conferences each year?) Certainly your work with our daughter has been very good and we will do our utmost to cooperate with you next school term.

59 Teacher - I do think _____ needed and does need your assistance. However he went reluctantly and did not continue long enough. He went for such a short time that I am unable to see much change. Perhaps the only change is that he has talked to me more than he had before.

60 Parents - Center has but the school doesn't take work of the Center too seriously yet. In order to be truly effective the work of the Center must be implemented at school. Suggestion: If one parent is involved in group therapy, the other should also. The relay system made necessary when only one parent attends creates problems for both parents.

62 Parents - I feel _____ has a long way to go, but surely she has improved far beyond my expectations. Under the circumstances, I could not be more pleased.

63 Teacher - I believe we must ask: if there were no D.L.C. what would we have done to or with or about _____? He might have just sat out the whole year. He might also have been provoked by us into a greater emotional-social deterioration. As it is, he and others did spend their French class time in isolation. It could have been much worse for _____ without the D.L.C. Speaking for myself - thanks to _____et al at Belmont Center.

64 Parents - I don't feel that my answers to the questions in Parts A & B give an accurate account of the progress _____ has made these past months. Just the discovery that his difficulty was caused by a learning problem and that he is not the only child with such a problem has done wonders for his morale. His attitude towards school and towards himself has improved 100%. I am told by his teachers that he is making rapid progress and is almost caught up in all his subjects; also that his scores on the Iowa Basic Skills tests were improved. Mrs. _____, his tutor, has instilled in him a desire and enthusiasm he never had before. Working with her has meant much to him and I know he will miss her. Thank God that there was DLC when we needed help so badly. I feel sure that _____ is on the right track now and will progress well in the future.

66 Parents - This is the first year we have not had a crisis every other week in school or the parks. I am happy with improvement, at the very least he has stopped going downhill.